Nama in Full # 5296

Certificate of Death

John Adam

Dled at Town Violetsville County Balto MARYLAND

Date 1899 Month 7 Day 21 | Age Y. 81 M. 3 D. 21 | Nativa of Germany | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Nama

Mother's Name

Copy

Causa of Death { Primary Old age 141 | Immadiate Exhaustion

How long sick 3 weeks

Accident, Suicide, Homicide

Reported by Jno. G. Hollyday, M.D.

Address City.

Must be signed by physician, if any in attendanca, otherwisa by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898

Name in Full #5301 John Addisow

Certificate of Death

Died at Town: Cross Keys County: Balto Co MARYLAND

Date 1899 — Month: 22d July — Day: Saturday — Age: Y. 7 days M. D. — Native of: Maryland — Occupation: None

Male ~~Male White~~ ~~Female~~ Colored Colored — ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: James E. Addison — Mother's Name: Mary E. Addison

Cause of Death — Primary: Cholera Infantum — How long sick: 2 days

Immediate: Convulsions 72 — Accident, Suicide, Homicide

Reported by R. M. Dorsey M.D.

OVER

Address 711-2d Av. Hampden Maryland

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65958

Attended by Dr. R. M. Dorsey

of 711-3rd Av. Hampden Maryland

Seen by Coroner

of

Information contained in this certificate received from

of

1

Permit No. A ...

The Physician who attended any person in a last illness is responsible for the p... *filled out* to the undertaker or other person superintending the burial, within *twenty-fou...* deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Lena L. Martell

Sex, Male or Female, (Cross out the words not required in this line.)

Age, 8 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation, none

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, (Give Street and Number.) Odonnell & 17th St.

(I)

Cause of Death, First (Primary) .....

Second (Immediate) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, July 17. 1899 E. J. Williams M. D.,

Medical Attendant.

Undertaker, Sandus Sons

Place of Business, 1710 Canton Av Address 1114 Chesapeake St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...ue of Death.

...matory.

...umstances producing Death.

...CER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Charles Ament

Certificate of Death

Died at Town Vella County Balto MARYLAND

Date 189 9 Month July Day 18 | Age Y. — M. 2. D. 5 | Native of Md | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of children living

Husband of Wife

Father's Name Peter Ament

Mother's Name Catherine Ament

Cause of Death: Primary Cholera Infantum

Immediate Exhaustion 82

How long sick 1 week

Accident, Suicide, Homicide

Reported by C L Mallfeldt M.D.

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

HEA

Permit No. A 5270 **Office of Registrar**

The Physician who attended any person in a last illness is responsible for ... *filled out* to the undertaker or other person superintending the burial, within ... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certifi...

CERTIFICATE OF DEATH.

Date of Death, July 16th /99

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Mary L Martell

Sex, ~~Male~~ or Female, (Cross out the words not required in this line.)

Age, 6 *Years,* *Months,* *Days.*

Color, — White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, —

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, (Give Street and Number.) Odonnell & 17th Sts

Cause of Death, First (Primary) ... Second (Immediate) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 17. 1899 E J Williams M. D., Medical Attendant.

Undertaker, H Sanders Sons

Place of Business, 1710 Canton Av *Address* Chesapeake St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...nether

...tory.

...es producing Death.

...and Seat.

...—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

HEALTH DEPARTMENT, CITY OF BALT.

Permit No. A 5280 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death July 16. 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} William Anderson

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 61 *Years,* *Months* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Chronic Diffuse Nephritis

Second, (Immediate) Cerebral Hemorrhage

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial Johns Hopkins Hos for Anatomical purposes

Date of Burial, July 17 1899

J. M. Holland M. D.,
Medical Attendant.

Undertaker, E. M. Stevenson

Place of Business Health Off *Address* Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

Stated Below.

... of Death.

CER... AL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

...S—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

...HLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full | Certificate of Death

Hannah Ann Atkinson

Town | County

Died at | Balto | MARYLAND

Date 1899 | Month 7 | Day 13 | Age Y. 79 M. D. | Native of | Occupation

~~Male~~ | White | ~~Married~~ | Widow | ~~Divorced~~

Female | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living 2

Husband of Wife Dr. Jas. E. Atkinson

Father's Name | Mother's Name

Cause of Death { Primary 161 | How long sick

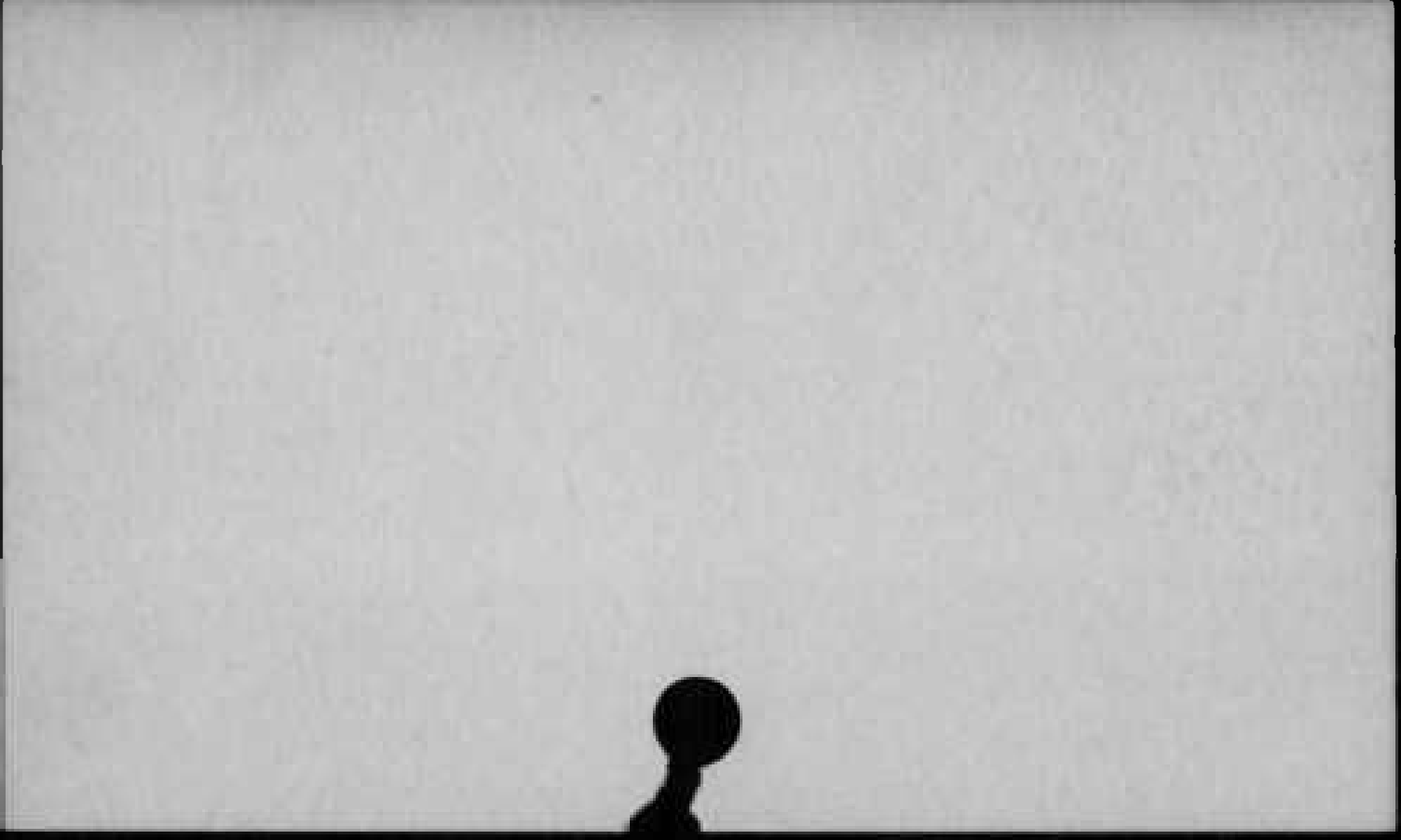
Immediate | Accident, Suicide, Homicide

Reported by Easton Gazette 7-15.

Address

Must be signed by physician, if any in attendance, otherwise by [illegible]ner, undertaker or minister.

LIBRARY BUREAU, 79998



Name in Full — Certificate of Death

Cortland Forney Baker

Died at — Town: Catonsville — County: Baltimore — MARYLAND

Date 1899 — Month: July — Day: 30 — Age: Y. 1 M. 9 D. 22 — Native of: Maryland — Occupation: —

~~Male~~ Female — White ~~Colored~~ — Married Single — Widow Widower — Divorced Number of children living

Husband of Wife: X

Father's Name: Frank M Baker — Mother's Name: Ida Forney Baker

Cause of Death — Primary: Whooping Cough & Dysentery — How long sick: 3 weeks

Immediate: Convulsions & Cerebral effusion — ~~Accident, Suicide, Homicide~~

Reported by: Chas J W Maggell M D

Address: Catonsville

Must be signed by physician, if any in attendance, otherwise by [illegible]oner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full | Certificate of Death

Mrs Minnie Mae Caron

Died at Town: Reisterstown County: Balto MARYLAND

Date 1899 Month 7 Day 21 | Age Y. 26 M. 6 D. 18 | Native of Md | Occupation Home

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ Wife of Chas. M. Caron

Father's Name Geo. G. Berryman | Mother's Name Julia Berryman

Cause of Death: Primary Typhoid fever | How long sick 4 weeks

Immediate Meningitis | ~~Accident, Suicide, Homicide~~

Reported by James Gore M.D.

Address Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998

James Gore
Reisterstown Md,

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full Mattie E. Battzell

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 189 9 Month July Day 20 | Age Y. 22 M. D. | Native of Md | Occupation None

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living X

Husband of Wife X

Father's Name M. A. Battzell | Mother's Name X

Cause of Death: Primary Idiocy 22a | How long sick 6 mos.

Immediate Pulmonary Tuberculosis | Accident, Suicide, Homicide

Reported by J. Riley Wade

Address Md Hospital Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Watson Beale

Died at Town: St Denis County: Baltimore MARYLAND

Date 1899 Month: July Day: 21 | Age Y. 28 M. — D. | Native of Maryland | Occupation Gardener

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 1

~~Wife~~ Husband of Lillie Beale

Father's Name Horace Beale | Mother's Name Milly Beale

Cause of Death: Primary Gunshot wound of thorax | How long sick 3 hours

Immediate Internal Hemorrhage | [redacted], Homicide

Reported by Wm. R. Earecson 1526

Address Elk Ridge, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5279 **Office of Registrar of Vital Statistics.** Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Frank Beam

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 46 *Years,* —— *Months,* —— *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give Street and Number.} Bay View Asylum (Insane Department)

Cause of Death, First (Primary) Status Epilepticus

Second (Immediate) Exhaustion with Hypostatic Congestion of lungs

Duration of Last Sickness, Twenty hours —

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for Anatomical purposes

Date of Burial, July 15-1899

A. L. Thomas — *M. D.,*

Medical Attendant.

Undertaker, E. M. Stevenson

Place of Business, Health office

Address Bay View Asylum —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

Enumerated Below.

...ode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

John M. Behr

Died at Town Baltimore County 8 854 Clinton St MARYLAND

Date 1899 Month July Day 23 | Age Y. 1 M. 2 D. — | Native of Md | Occupation none

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name John Behr

Mother's Name Cunigunda Behr

Cause of Death: Primary / Immediate Enteroclitis 82

How long sick 4 days

~~Accident, Suicide, Homicide~~

Reported by E Williams MD

Address 1114 Chesapeake St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. E. J. Williams

of Baltimore

Seen by Coroner

of

Information contained in this certificate received

from the immediate family

of deceased

Name In Full William F. Bell

Certificate of Death

Died at Town Govanstown County Baltimore MARYLAND

Date 1899 Month 7 Day 3 | Age Y. 49 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Balto Co. Union

Address 7-8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Nathaniel Belt

Died at Town: Fairview | County: Balt — | MARYLAND

Date 1899 | Month: 7 — Day: 19 | Age Y. 86 — M. D. | Native of: Md | Occupation: Shoemaker

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living — none

Husband of Wife: wife dead

Father's Name: Don't Know | Mother's Name: Don't Know

Cause of Death: Primary | Immediate: Erysipelas 125 | How long sick: 10 days | Accident, Suicide, Homicide

Reported by: Dr. Jas. H. Wilson

Address: Fowblesburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Larry Beyer

Certificate of Death

Died at Town Highlandtown County Balto MARYLAND

Date 1899 Month 7 Day 16 | Age Y. 1 M. 4 D. | Native of Md | Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name George Beyer

Mother's Name Sophia Beyer

Cause of Death: Primary Cholera Infantum

Immediate Exhaustion 82

How long sick

Accident, Suicide, Homicide

Reported by J. C. Schofield M.D.

Address 1114 1st St Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full — Certificate of Death

Ann Mc Bowen

Died at Town: Tyler — County: Balto — MARYLAND

Date 189[illegible] Month: July Day: 15 | Age Y. 75 M. — D. | Native of: Maryland | Occupation: none

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow ~~Widower~~ | Divorced ~~Number of children living~~

~~Husband~~ Wife of: Theadore Bowen

Father's Name: Hezekiah Simmons | Mother's Name: Calhain Musco

Cause of Death — Primary: Senile decay 141 — How long sick:

Immediate — Accident, Suicide, Homicide:

Reported by: James Gorg M.D.

Address: Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76P5R

Attended by Dr._____

of_____

Information contained in this certificate was received from_____

of_____

Name in Full #5835 Jas. Howard Briscoe

Certificate of Death

Town County Balto.

Died at MARYLAND

Date 1899 Month July Day | Age Y. M. D. | Native of | Occupation

Male White ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death { Primary Entero-colilis 82 | How long sick 10 days

Immediate Lorornia | Accident, Suicide, Homicide

Reported by A. C. Harrison, M.D.

Address 8. W. Front Ave. City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Stephen Brodkin

Died at Town: Frederick County: Frederick MARYLAND

Date 1899 Month: July Dey: 19 | Age Y. 4 M. months D. | Native of Md | Occupetion —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ | Number of children living

Husband of / Wife

Father's Name Frank Brodkin | Mother's Name Kate Brodkin

Cause of Death — Primary: Acute Entero Colitis | How long sick: 3 weeks

Immediate | Accident, Suicide, Homicide

82

Reported by S. V Mace MD

Address Green Ridge MD

Must be signed by physician, if any in ettendence, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79868

Attended by Dr. J. P. Mace

of Golden Rule

Seen by Coroner .....

of .....

Information contained in this certificate received

from Dr. J. P. Mace

of Golden Rule

Name In Full

Clara E Brooks

Certificate of Death

Died at Town: Catonsville County: Baltimore Co MARYLAND

Date 189 Month: July Day: 12 | Age Y.: 9 M.: D.: | Native of: Md | Occupation:

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of / Wife

Father's Name: S E Brooks

Mother's Name: S E James

Cause of Death — Primary: Cholera Infantum — How long sick: 5 Days

Immediate: Con Pertussis 8 2 — Accident, Suicide, Homicide

Reported by: Chas Magill

Address: Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

M D

LIBRARY BUREAU, 79888

Name In Full #5325 Certificate of Death

Michael Brown

Died at Town Arbutus County Balto. MARYLAND

Date 1899 Month 7 Day 27 | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Copy

Cause of Death { Primary 145 d | How long sick

Immediate Killed by engine | Accident, ~~Suicide, Homicide~~

Reported by J. Morell Craig, Jr.

Address Arbutus, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full: John A Burns

Certificate of Death

Died at — Town: Towson — County: Baltimore — MARYLAND

Date 1899 — Month: July — Day: 28 — Age: Y. 3 - M. 8 - D. 9 — Native of: Maryland — Occupation:

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living: one

Husband of Wife

Father's Name: Charles H Burns — Mother's Name: Lola Burns

Cause of Death — Primary: Typhoid fever 1 — How long sick: Ten days

Immediate: " " — ~~Accident, Suicide, Homicide~~

Reported by: D H C. Sarrett M. D

Address: Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full — Certificate of Death

Mary Butler

Died at — Town: Melvale — County: Baltimore — MARYLAND

Date 1899 — Month, Day: July 27 — Age: Y. 17 M. — D. — Native of: Md. — Occupation: —

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ Number of ~~children~~ living

~~Husband~~ ~~Wife~~ of

Father's Name: (Industrial Home for Col. Girls) — Mother's Name:

Cause of Death — Primary: Remittent fever — How long sick: 1 week

Immediate: Cardiac failure — Accident, Suicide, Homicide

Reported by: Milton D. Bowden M.D.

Address: 1324 N. Calhoun [redacted] Balt.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Milton D. Bowen

of Baltimore City

Seen by Coroner

of

Information contained in this certificate received

from Abel Hennessey

of 5781 W Biddle St

#10 South St City

Name in Full

Certificate of Death

Flosen e. F. May Caltrider

Died at Town Hyp Washington County B MARYLAND

Date 1899 Month July Day 22 Age X M. 11 D. Native of Md Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband of Wife John Caltrider

Father's Name John Caltrider Mother's Name ~~Arsenia~~ Frances B Caltrider

Cause of Death Primary Chronic Confusion How long sick 4 Mos

Immediate Exhaustion 82 Accident, Suicide, Homicide

Reported by J. E. Bowen

Address Hyp Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79706

Name in Full Edward Carmine Carmine, Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 1899 Month July Day 21 | Age Y. 17 M. D. | Native of Md | Occupation None

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living X

Husband of Wife X

Father's Name Jacob S. Carmine Mother's Name X

Cause of Death: Primary Tuberculosis 46 — How long sick 1 Mos

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by Grace Wade

Address Md Hosp Catonsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

...ring invited to the ...

HEALTH DEPARTMENT, ...

...rmit No. A 5278 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Cornelia E Caulk

Sex, ~~*Male or*~~ *Female,* (Cross out the words not required in this line.)

Age, 59 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, (Cross out the words not required in this line.)

Occupation, House Keeper

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Maryland —

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, (Give Street and Number.) Bay View Asylum (Insane Department)

Cause of Death, First (Primary) Senile Mania

Second (Immediate) Exhaustion

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, North East Md

Date of Burial, July 19

Undertaker, John H Cook

Place of Business, Bal & Stricker

A. C. Thomas M. D.,
Medical Attendant.

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the ease comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...merated Below.

...mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Mary Jane Chenoweth

Certificate of Death

Died at Town Putty Hill County Balto. Co. MARYLAND

Date 1899 Month July Day 5 | Age Y. 61 M. 7 D. 18 | Native of Balto. Co. | Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 6

~~Husband~~

Wife Asbury Chenoweth

Father's Name — Mother's Name —

Cause of Death: Primary Gastric Ulcer & Complications — How long sick 6 weeks.

Immediate Exhaustion. 80 — ~~Accident, Suicide, Homicide~~

Reported by Drs. A. X. Whiteford & Son

Address Parkville, Balto. Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76[illegible]

Name in Full #5319 Hannah H. Clark

Certificate of Death

Town

County Balto

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
7	26	72			Md	

Date 189 9

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

Widow ~~Widower~~

Divorced

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Senile Debility 16 1

Immediate Apoplexy

How long sick

Accident, Sulcide, Homicide

Reported by E. R. Owings, M.D.

Address City.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #3272 Isabel C. Clements

Certificate of Death

Town

County Balto.

Died at MARYLAND

Month	Day		Y.	M.	D.	Native of	Occupation
Date 189 7	16	Age		4		Md	

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife
Father's Name
Mother's Name

Cause of Death: Primary — Cholera Infantum

Immediate — to

How long sick 48 hrs.

Accident, Suicide, Homicide

Reported by John A. Evans

Address City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Cecilia Elizabeth Coe

Certificate of Death

Died at Town Catonsville County Baltimore MARYLAND

Date 1893 Month July Day 17 | Age Y. M. D. 6, 24 | Native of Md | Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number ~~of children living~~

Husband of Wife —

Father's Name Lorenz Coe

Mother's Name Anne Eliz Coe

Cause of Death: Primary Dropsy of Brain — 140 | How long sick

Immediate Spasms — | ~~Accident, Suicide, Homicide~~

Reported by H. R. Gorry M.D.

Address Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name In Full

Certificate of Death

*5332 Milton LB Cole

Died at Town: Catonsville Md County: Balto. MARYLAND

Date 1899 Month: July Day: 29

Age Y. 8 M. months D. 23 Days

Native of Baltimore Md

~~Occupation~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Arther Cole

Mother's Name Frances Cole

Cause of Death: Primary — Cholera Infantum — How long sick 10 Days

Immediate — " " " 82 — ~~Accident, Suicide, Homicide~~

Reported by A. W. Whitely

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full: Girtie Cooney

Certificate of Death

Died at — Town: Bengies — County: Balto — Md MARYLAND

Date 1899 — Month: July — Day: 7 — Age: Y. 5 M. 7 D. — Native of: Md — Occupation:

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband / Wife of

Father's Name: Michael Cooney — Mother's Name: Mary Cooney

Cause of Death — Primary: Diphtheria 8a — How long sick: 10 days

Immediate: Heart failure — Accident, ~~Suicide, Homicide~~

Reported by: S. Kerr Grace M.D.

Address: Rossville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Mrs. Deborah S. Corse

Died ~~at~~ near Gardenville (Town) Balto. (County) MARYLAND

Date 1899 Month 7 Day 7 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Maryland Journal 7-15-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78[illegible]

Name in Full # 5237 Nelson P. Cross

Certificate of Death

Died at Town Parkton County Balto MARYLAND

Date 1899 Month 7 Day 9 | Age Y. M. D. 7 | Native of Md | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Copy

Mother's Name

Cause of Death: Primary 82

Immediate Cholera Infantum

How long sick

Accident, Suicide, Homicide

Reported by R. R. Norris, M.D.

Address Parkton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

M. Crumbi

Town

County

Died at Chase Balto. MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
9	July	31		56	2	25	Md.	Housework

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband ~~Wife~~ of Jm. F. Crumbi

Father's Name Don't know

Mother's Name Don't know

Cause of Death

Primary Cancer Uterus 25d

Immediate

How long sick

Accident, Suicide, Homicide

Reported by John W Harrison M D

Address Middle Rivr Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

...ARTMENT, CITY OF BA... E.

Permit No. A 5292 **Office of Registrar of Vital Statistics.** Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Annie Sophia Curran

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, ... *Years,* 4 months *Months,* ? *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give Street and Number.} The Thomas Wilson Sanitarium

(I) *Cause of Death,* First (Primary) Gastro-Enteritis (Chronic)

Second (Immediate) Broncho-Pneumonia

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 22/99

Undertaker, John Stevens

Place of Business, 503 Fort ave

Wm McDaburn M. D.,
Medical Attendant.

Address The Thomas Wilson Sanitarium
(The Johns Hopkins Hospital)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTS.

(OVER)

...Death.

...AR. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Va... ...and ...

NECROSIS—Seat. Cause and Mode o... ...n.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Isabel Donnelly

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 1899 Month 7 Day 3 | Age Y. 2 M. 3 D. 26. | Native of U.S. | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife —

82

Father's Name Patrick Donnelly Mother's Name Mary Donnelly

Cause of Death: Primary Cholera infantum — How long sick 12 hrs

Immediate Convulsions — ~~Accident, Suicide, Homicide~~

Reported by David M. Stultz M.D.

Address Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full # 5248 Certificate of Death

Henry Cassidy De Marquiondo

Died at Town Roland Park County Balto. MARYLAND

Date 1899 Month 7 Day " | Age Y. 5 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name 7

Copy

Cause of Death { Primary Whooping Cough & Enteritis | How long sick

Immediate Heart failure | Accident, Suicide, Homicide

Reported by Henry S. Cassidy, Jr. D.

Address Roland Park.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

...ention of Physicians is Respectfully Invited to the Remarks below, and to List of ...

Health Department, City of Baltimore,

Permit No. A 5286 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 99

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Julia Moale De Murguiondo

Sex, Male or Female, (Cross out the words not required in this line.) F.

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation,

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Balto Co.

Duration of Residence in the City of Baltimore, 5 mo.

Place of Death, (Give Street and Number.) 114 Prospect Ave Balto Co.

Cause of Death, First (Primary), Whooping Cough & Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmt

Date of Burial, July 20

Undertaker, H. C. Wiedefeld

Place of Business, 914 Greenmt Ave

Henry S. Capidy M.D., Medical Attendant.

Address, Roland Park.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

ated Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full #5244 Certificate of Death

Catherine Devine

Died at Town Highlandtown County Balto. MARYLAND

Date 1899 Month 7 Day 12 | Age Y. 24 M. D. | Native of Md | Occupation Housekeeper

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Copy Mother's Name 119a

Cause of Death { Primary Scepticaemia due to child-birth | How long sick 11 days

Immadiate Paralysis of heart | Accident, Suicide, Homicide

Reported by J. C. Schofield

Address Highlandtown.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5324 Certificate of Death

C. E. Desney

Died at Town Wt Washington County Balto MARYLAND

Date 1894 Month July Day 26 Age Y. 4 M. 4 D. Native of Md Occupation Nursing

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Wife Wm. Desney

Father's Name Wm. Desney Mother's Name Dorg Desney

Cause of Death Primary Tuberculous Meningitis How long sick 3 week

Immediate Convulsion 226 Accident, Suicide, Homicide

Reported by Dr J. S. Bowen

Address Mt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Physicians is Respon...

HEALTH DEPARTME... C.

Permit No. A 5239 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death July 6. 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Robert H. Downs

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 54 *Years,* *Months* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 54 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Broncho Pneumonia
Second, (Immediate) Pulmonary Oedema

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial Johns Hopkins Hos for Anatomical Purpose

Date of Burial, July 7-1899

J. W. Holland M. D.,
Medical Attendant.

Undertaker, J. M. Stevenson

Place of Business Heathoff

Address Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *A... be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physi... who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish withi... ...enty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setti... ...orth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the p... deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

...itis—Variety, whether Epidemic or simply Inflammatory.

Childbirth—Circumstances producing Death.

Cancer—Variety and Seat.

Calculus—Mode of Death.

Dentition—Mode of Death.

Disease of Heart—Variety. Valves involved.

Dropsy—Variety and Casue.

Enteritis and Gastro-Enteritis—Cause, whether Diarrhœal or not.

Erysipelas—Seat and cause.

Fractures—Cause and Mode of Death.

Gangrene—Seat and Cause.

Gastritis—Cause.

Hernia—Variety and Mode of Death.

Insanity—Variety and Mode of Death.

Jaundice—Cause and Mode of Death.

Mania, Acute—Cause and Mode of Death.

Miscarriage—Cause and Mode of Death.

Malignant Pustule—Location and Cause.

Malformation—Variety.

Metritis—Variety and Cause.

Necrosis—Seat. Cause and Mode of Death.

Ovarian Tumor—Mode of Death.

Paralysis—Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and Mode of Death.

Tetanus—Nature of Injury, if any.

Ulcer—Nature. Chief Location and Mode of Death.

Wounds—Cause, Variety, Seat and Mode of Death.

Abscess—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention Intemperance whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Alverta G. Ebbs — Certificate of Death

Died at — Town: Catonsville — County: Balto — MARYLAND

Date 189[illegible] — Month: July — Day: 6 — Age: Y. 1 M. 11 D. 24 — Native of: Md. — Occupation: —

Male ~~White~~ — Married — Widow — Divorced

Female — Colored — Single — Widower — Number of children living

Husband of —

Wife

Father's Name: Samuel Ebbs — Mother's Name: Nancy Ebbs

Cause of Death — Primary: Marasmus. 8 2/ — How long sick: Don't Know

Immediate: Convulsion — ~~Accident, Suicide, Homicide~~

Reported by: David M Stultz M.D.

Address: Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70898

Name in Full | Certificate of Death

Catherine Elizabeth - Everding

Died at Town Grans town County Baltimore MARYLAND

Date 189 9 Month July Day 1 | Age Y. 81 M. — D. | Native of Germany | Occupation None

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living one

~~Husband~~ of

Wife

Father's Name | Mother's Name

Cause of Death { Primary Old age 141 | How long sick one week

Immediate Heart - Feeble Heart action | ~~Accident~~, S~~uicide~~, H~~omicide~~

Reported by E. M. Duncan

Address Grans town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Catharine Everhart

Died at Town: Melvale County: Balto — MARYLAND

Date 1899 Month: July Day: 12 | Age ~~Y.~~ M. ~~D.~~ 1 | Native of: Md. | Occupation: Milker

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single, ~~Widower~~ Number of children living ~~[illegible]~~ None

Husband of Wife: J. B. Everhart

Father's Name: J. B. Everhart | Mother's Name:

Cause of Death: Primary: Premature 138 | How long sick

Immediate: Inanition | Accident, Suicide, Homicide

Reported by: J. S. Bowen

Address: Lex 71 Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full ## 5229 Anthony M. Fasko

Certificate of Death

Died at Town Sparrows Point County Balto. MARYLAND

Date 1899 Month 7 Day 7 | Age 9 M. D. | Native of Md | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: Cholera Infantum

How long sick: 10 days

Immediate: Cholera Infantum

Accident, Suicide, Homicide

Reported by Frank C. Eldred. M. D.

Address Sparrows Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Nillis Fleming

Certificate of Death

Died at Town Leatonsville County Balto MARYLAND

Date 1899 Month July Day 18 | Age Y. 65 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living X

Husband of Wife X

Father's Name X

Mother's Name X

Cause of Death: Primary Dementia 46 | How long sick 3 mos

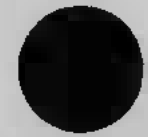
Immediate Valvular Dis of Heart | ~~Accident, Suicide, Homicide~~

Reported by [illegible]

Address Md Hospital Leatonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full # 5-228 Wm. H. Foll

Certificate of Death

Town

County Balto.

MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
7	6					

Date 1899

Age

Male ~~Female~~

~~White~~ Colored

Married Single

Widow Widower

Divorced

Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary

Immediate Drowning

148

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Wm. Leyshon

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr. .....

of .....

Seen by acting Coroner Wm. Leyshon

of .....

Information contained in this certificate received

from Wm. Leyshon

of .....

Name In Full Mary Lizzie Fortman

Certificate of Death

Died at Town Ansville County Balto. MARYLAND

Date 189 9 Month July Day 14 Age Y. 29 M. D. Native of Md. Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Geo. Edward Fortman

Mother's Name Lizzie Fortman

Cause of Death Primary (Entero Col) How long sick

Immediate Dysentery 82 ~~Accident, Suicide, Homicide~~

Reported by John W Harrison Sr D

Address Middle Rivers Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

John Fourham

Certificate of Death

Died at ~~Town~~ New Hoffmanville County Baltimore MARYLAND

Date 189 9 Month July Day 26 | Age Y. 2 M. 6 D. — | Native of Maryland | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband / Wife of

Father's Name George Fourham | Mother's Name Emma Cooke

Cause of Death: Primary Diphtheria & Croup | How long sick 10 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by Joseph D. Baldwin

Address E Rd. Balto. Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78706

Name in Full | Certificate of Death

Samuel Fourham

Died ~~at~~ near Town: Hoffmanville | County: Baltimore | MARYLAND

Date 1899 | Month: July | Day: 27 | Age: Y. 10 M. 3 D. | Native of: Maryland | Occupation:

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

Husband / Wife of

Father's Name: George Fourham | Mother's Name: Emma Cooper

Cause of Death: Primary: Diphtheria — 8a | How long sick: 7 days

Immediate: Croup | ~~Accident, Suicide, Homicide~~

Reported by: Joseph S. Baldwin

Address: Eklo. Balto. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full #5336 Thomas Francis

Certificate of Death

Died at Town Mt. Hope County Balto MARYLAND

Date 1899 Month 7 Day 30 | Age Y. 52 M. D. | Native of Ireland | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Copy

Cause of Death: Primary Mania chronic 46 | How long sick

Immediate Paralysis & heat exhaustion | Accident, Suicide, Homicide

Reported by Frank J. Flannery, M.D.

Address Mt. Hope, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Annie Elizabeth Frantz

Died at Town: Warren County: Balto. Co. MARYLAND

Date 1899 Month: July Day: 23 | Age Y. M. D.: 6 6 | Native of: Maryland | Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

~~Father's Name~~ Henry Morion Frantz | Mother's Name Bessie Maugle Frantz

Cause of Death: Primary Gastro Enteritis | How long sick 4 days

Immediate Meningitis 82 | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr B. R. Benson

Address Cockeysville Balto. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full 6243

Certificate of Death

Russel Freedman

Town

County Bales,

Died at MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899	7	10	Age 1				

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / Widow / Widower — Divorced — Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary

Immediate Drowning

148

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Wm. Leyshon C.P.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by acting Coroner Wm. Leyshon, C.C.

of .....

Information contained in this certificate received

from .....

of .....

...ician is Respectfully Invited to the Remarks Below, and to List of Disea...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5209 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death July 4 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Leticia Grayson

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 33 *Years,* *Months* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic

...place, {State or County, and how long in the United States, if of foreign birth.} City of Baltimore

...ation of Residence in the City of Baltimore, 33 years

...lace of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, (1) First, (Primary) Phthisis Pulmonalis

Second, (Immediate) Asthenia

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 5/99

J. M. Holland M. D.,
Medical Attendant.

Undertaker, Mrs Wm. M. Duncan

Place of Business, 166 East St *Address* Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

...ith ... Relat... to the Cau...

Enu...ed Below.

...ISM—Mode of Death.

...R SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full | Certificate of Death

Florence Pauline Green

Died at Town: Rossville County: Balto MARYLAND

Date 1899 Month: July Day: 4 | Age Y. 0 M. 4 D. 13 | Native of: md | Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: Jno Green | Mother's Name: Emma Green

Cause of Death: Primary: Cholera Infantum 82 | How long sick: 1 day

Immediate | ~~Accident, Suicide, Homicide~~

Reported by: John W Harrison md

Address: Middle Rivd Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Elizabeth L. Grey

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 1899 Month July Day 6 | Age Y. 53 M. D. | Native of Md | Occupation None.

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living X

Husband of Wife X

Father's Name Samuel Grey

Mother's Name Grey Somerville

Cause of Death: Primary Dementia. 46 | How long sick 2 weeks.

Immediate Chr. Nephritis | Accident, Suicide, Homicide

Reported by Percy Wade

Address Md Hospital Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

m No. 1234.]

.e Special Attention of Physicians is Respectfully Invited to the Remarks be.

Health Department, City of Baltimore,

Permit No. A 53/3 Office of Registrar of Vital Statistics. Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Chrsltopher Hack-

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 61 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Carpet Weaver

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany-

Duration of Residence in the City of Baltimore, 5 days at Mt Hope 16 years in Baltimore

Place of Death, {Give Street and Number.} Mount Hope Retreat

Cause of Death, First (Primary), mania- acute

Second (Immediate), Strat Exhaustion-

Duration of Last Sickness, ——— abt 28 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, July 27/99

Undertaker, Jos. J. Kerr

Place of Business, 914 E. Fayette St. *Address* Mt Hope Retreat -

Frank J. Flannery M.D.,
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

... the Causes of Dea...

...umerated ...

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full # 5211 Florence Pauline Hall

Certificate of Death

Died at Town Middle River County Balto. MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 7	4	Age	4	13		

~~Male~~ Female ~~White~~ Colored Married Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary

Immediate: Cholera Infantum

82

How long sick

Accident, Suicide, Homicide

Reported by John H. Harrison, M.D.

Address Middle River, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full | Certificate of Death

Harley

Town | County

Died at | Baltimore | MARYLAND

Date 1899 | Month July | Day 14 | Age Y. M. D. — | Native of Balto Co. | Occupation —

~~Male~~ | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

Female | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name John Harley | Mother's Name Annie Harley

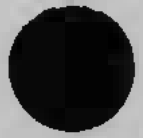
Cause of Death: Primary | Immediate Still birth. | How long sick | Accident, Suicide, Homicide

Reported by Joseph Zborowski

Address 607 S. Bond St Balto.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78[illegible]8



HEALTH DEPARTMENT, CITY OF BALTIMORE

Permit No. A 5315 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of a correctly and accurately filled out to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate

CERTIFICATE OF DEATH.

Date of Death July 25 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Emma Harbin

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.}

Age, 40 *Years,* *Months* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Endocarditis Nephritis

Second, (Immediate) Abscess, Convulsions

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial, Druid Hill Cemetery

Date of Burial, 27 July 1899

Undertaker, H. Ross

Place of Business, 609 E. Pratt

J. W. Holland M. D.,
Medical Attendant.

Address Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

below.

Mode of Death.

MENINGITIS—Variety, whether Epi-
simply Inflammatory.

-Circumstances producing Death.

and Seat.

of Death.

de of Death.

after the death of
certificate.
HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Annie Mary Hessler

Died at Town Baltimore County Co

MARYLAND

Date 1899 Month July Day 20 | Age Y. 66 M. — D. — | Native of Germany | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living none

~~Husband~~ of Wife Adam Hessler

Father's Name Henry Slater

Mother's Name dont know

Cause of Death Primary 97

Immediate Chronic Nephritis

How long sick one week

~~Accident, Suicide, Homicide~~

Reported by

Address

E J Williams M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. E. J. Williams

of Baltimore

Seen by Coroner .....

of .....

Information contained in this certificate received

from the immediate family

of deceased

Name in Full

Certificate of Death

John Hohmann

Died at Town: Hebbville County: Balto. Co MARYLAND

Date 1899 Month: July Day: 11th | Age Y. 54. M. 6. D. 10. | Native of U. S | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband of Wife Amelia Hohmann

Father's Name ——— Mother's Name ———

Cause of Death: Primary Papilloma of Bladder — How long sick 1 year

Immediate Apoplexy 10 2

Accident, Suicide, Homicide

Reported by Dr. A. C. Smith

Address Hebbville. Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full — Certificate of Death

Frank. Holtman

Died at Town: Parkville County: Balto MARYLAND

Date 1901 Month: July Day: 19 1902 Age Y. 3 M. 10 D. —

Native of: Balto Md. Occupation: —

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced

Number of children living

Husband of Wife

Father's Name: Frank Holtman Mother's Name: Kunagunda Holtman

Cause of Death — Primary: Scarlet Fever 7 — How long sick

Immediate: Asthenia — Accident, Suicide, Homicide

Reported by: Henry Hoeck

Address: 1013 N. Central Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. Seldner

of Balto. Md.

Seen by Coroner .....

of .....

Information contained in this certificate received

from Henry Stocks

of 1013 N. Central Ave

Balto Md.

Name in Full

Certificate of Death

William Horn

Town / County

Died at Sunny Brook, Baltimore MARYLAND

Date 1899 Month July Day 28 | Age Y. 1 M. 0 D. 14 | Native of Maryland | Occupation ——

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ | Number of children living

Husband / Wife of ——

Father's Name Adam Horn

Mother's Name Mary Amelia Rahrer

Cause of Death: Primary Teething & Immediate gastro-Enteritis — How long sick 2 days — ~~Accident, Suicide, Homicide~~

Reported by Thos. H. Emory M.D.

Address Taylor Harford Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79708

Name In Full #5323 Wilhelmina Hummel

Certificate of Death

Died at Town Mt. Hope County Balto. MARYLAND

Date 1899 Month 7 Day 26 | Age Y. 65 M. D. | Native of Germany | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Copy Mother's Name 46

Cause of Death: Primary Mania Chronic, Post Paralysis | How long sick 20 days - 4 yrs. at Mt. H

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by Frank J. Flannery, M.D.

Address Mt. Hope.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name In Full

Certificate of Death

Daniel E. Hurley.

Died at Town Spanish Point. County Balto. MARYLAND

Date 189 9 Month July Day 9 | Age Y. 10 M. - D. 23 | Native of Md | Occupation None

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife ——

Father's Name Arthur T. Hurley. Mother's Name Clara E. Thompson

Cause of Death: Primery Diphtheria 8a | How long sick 19 days

Immediate Heart Failure. | ~~Accident, Suicide, Homicide~~

Reported by Frank C. Eldred M.D.

Address Spanish Point. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full ~~#~~ 5289 Annie C. Quick

Certificate of Death

Town County Balto

Died at MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899	7	20	Age	36	6	16	Md	

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower Divorced Number of children living

Husband of Wife

Father's Name Phthisis Copy Mother's Name

Cause of Death: Primary ~~Phthisis~~ Pulmonalis 22a

Immediate Marasmus

How long sick 6 mos.

Accident, Suicide, Homicide

Reported by Fred. J. Soner, M.D.

Address Eager & Caroline Sts.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Emil Jablonowsky

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 189 9 Month July Day 23 | Age Y. 42 M. D. | Native of Germany | Occupation Painter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband of Wife X

Father's Name X

Mother's Name X 46

Cause of Death: Primary Acute Mania — How long sick 3 days

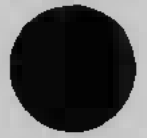
Immediate Acute Peritonitis — ~~Accident, Suicide, Homicide~~

Reported by J Percy Wade

Address Md Hospital Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full #5275 Certificate of Death

Emma Jessop

Died at Town Arlington County Bates MARYLAND

Date 1891 Month 7 Day 17 | Age Y. 4 M. D. | Native of Md | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name J. M. Jessop Copy Mother's Name Annie C. Jessop

Cause of Death { Primary 82 | How long sick

Immediate Cholera Infantum | Accident, Suicide, Homicide

Reported by R. T. Hardesty, Md

Address Arlington, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

...ital Statistics. Ward.....

...rson in a last illness is responsible for the presentation of this Certificate, *accurately* ... person superintending the burial, within *twenty-four hours* after the death of said ... so, under penalty of law.

...t for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Ino Adam Joh

Sex, Male or Female, (Cross out the words not required in this line.)

Age, 81 *Years,* 3 *Months,* 21 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, (Cross out the words not required in this line.)

Occupation, Farmer

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, near Baltimore 46 yrs

Place of Death, (Give Street and Number.) Violetteville Balto Co

Cause of Death, First (Primary) Old Age – Enlarged Prostate

Second (Immediate) Exhaustion

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Lowndon Park Cem

Date of Burial, July 22-99

Undertaker, Kuhn and McCormick

Place of Business, 2101 Fredrick ave

Ino. S. Holliday M. D.,
Medical Attendant.

Address 714 Fields ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

ANEU[illegible] Dea[illegible]

CER. SPINAL MENINGITIS—Variety, Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

OVARIAN TUMOR

PARALYSIS—Variety

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Attention o

HEALTH DE... ...MORE.

Permit No. A 52442 **Office of Registrar of Vital Statistics.** Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura... filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Robert D. Johnson

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 80 *Years,* — *Months,* — *Days.*

Color, Black

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 80 Years

Place of Death, {Give Street and Number.} Bay View Asylum (Insane Department)

Cause of Death, First (Primary) Senile Dementia

Second (Immediate) Exhaustion

Duration of Last Sickness, Two months -

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cem

Date of Burial, July 14 1899

Undertaker, Alex Hemsley

Place of Business, 573 W Fdale

A.C. Thomas M. D.,
Medical Attendant.

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...CRISM—Mode of Death.

...ER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...ariety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Thomas Johnson — Certificate of Death

Died at — Town: Int. Hosp. — County: Balto. — MARYLAND

Date 1899 — Month: 7 — Day: 3 — Age: Y. M. D.: 21 — Native of: Ind. — Occupation:

Male / ~~Female~~ — ~~White~~ / Colored — Married / Single / Widow / Widower / Divorced — Number of children living

Husband of / Wife

Father's Name — Colon — Mother's Name

Cause of Death — Primary: 161 — Immediate: Natural causes — How long sick: 21 days — Accident, Suicide, Homicide

Reported by — John. P. Jones. M. D.

Address — Int. Hosp.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

cial At

HEAL[illegible]T DEPARTMENT

Permit No. A 5247 Office of Registrar of Vital Statis[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death July 10. 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Wm T Joiner

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 60 *Years,* *Months* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Mary Land

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Chronic Endocarditis

Second, (Immediate) Cardiac Asthenia

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial Baltimore Cem

Date of Burial, July 11 1899 J. T. Holland M. D.,
Medical Attendant.

Undertaker, F. A. Krause Bro

Place of Business, 203 Hanover St *Address* Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

ER... ...riety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full — — —

Attended by Dr. Mo Dr.

of

Seen by Coroner

of

Information contained in this certificate re-
ceived from The family

of ~~Wilson Jones~~ Govanstown

Name In Full (Infant) Jones

Certificate of Death

Died at Town: Towson County: Baltimore MARYLAND

Date 189 9 Month: July Day: 23

Age Y. 3 M. D.

Native of

Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced

Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name: Lemuel Jones

Mother's Name: Mrs Jones

Cause of Death: Primary: Cholera Infantum

How long sick

Immediate: " "

~~Accident, Suicide, Homicide~~

Reported by D H C Jarrett M.D.

Address Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LITHARY BUREAU, 7818

Name in Full * 5210 George Kain

Certificate of Death

Died at Town Mt Winans County Baltimore MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
7	3	1	3	13	a a C	—

Date 1899

Male ~~Female~~ White ~~Coloured~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number ~~of children~~ living

Husband of X
Wife

Father's Name James J Kain Mother's Name Mary A Kain

Cause of Death: Primary Cholera Infantum — How long sick 4 days

Immediate Exhaustion 82 — ~~Accident, Suicide, Homicide~~

Reported by T. B. Hall M.D.

Address Mt Winans

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Wm Kappelman

Certificate of Death

Died at Town Gardenville County Balto MARYLAND

Date 1899 Month July Dey 18 Age Y. 16 M. 2 D. 10 Native of U S Occupation None

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife 72

Father's Name John Hy Kappelman Mother's Name Annie Weber

Cause of Death Primary Wound of leg How long sick 10 days

Immediate Lock Jaw 50 Accident, ~~Suicide, Homicide~~

Reported by Geo F & Wm D. Corse

Address Gardenville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Smb

LIBRARY BUREAU, 7[illegible]

Name in Full #3266 Michael Kennedy

Certificate of Death

Town

County Balto.

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 7	14	Age	6			

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary — Enteric colitis 82

Immediate

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by P. G. Dausch M. D.

Address City.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

... the Remarks below, and to List of Diseases on back of this ...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

No. A 5198 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur... ...ed out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ... ...ceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) George Kirk.

Sex, Male or ~~Female~~, (Cross out the words not required in this line.)

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, —

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, 2 months

Place of Death, (Give Street and Number.) The Thomas Wilson Sanitarium

(I) *Cause of Death,* First (Primary) Gastro-Enteritis acute Diarrhoeal

Second (Immediate) " " "

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cem

Date of Burial, July 3th 1899

Wm McDaberry M. D.,
Medical Attendant.

Undertaker, A. Fink & Son

Place of Business, 915 W. Gay St

Address The Thomas Wilson Sanitarium Mt Wilson (The Johns Hopkins Hospital Baltimore)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...ing Additional Information...

...Enumerated Be...

...URISM—Mode of Death.

...R. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

l Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, ~~City~~ County of Baltimore

Permit No. A 5207 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} George J. Knauff

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the words not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Glass worker

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give Street and Number.} Baltimore County

(I) *Cause of Death,* First (Primary), Struck and run over by a car

Second (Immediate), of the United Railway Company

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Lowden Park

Date of Burial, July 6th 1899

Undertaker, J. J. Cowan

Place of Business, 901 Hollins St

John P. James M.D., Medical Attendant. coroner

Address, Mt Winans Balto Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

...ism—Mode of Death.

... Spinal Meningitis—Variety; whether Epidemic or simply Inflammatory.

Childbirth—Circumstances producing Death.

Cancer—Variety and Seat.

Calculus—Mode of Death.

Dentition—Mode of Death.

Disease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro-Enteritis—Cause, whether Diarrhœal or not.

Erysipelas—Seat and Cause.

Fractures—Cause and Mode of Death.

Gangrene—Seat and Cause.

Gastritis—Cause.

Hernia—Variety and Mode of Death.

Insanity—Variety and Mode of Death.

Jaundice—Cause and Mode of Death.

Mania, Acute—Cause and Mode of Death.

Miscarriage—Cause and Mode of Death.

Malignant Pustule—Location and Cause.

Malformation—Variety.

Metritis—Variety and Cause.

Necrosis—Seat. Cause and Mode of Death.

Ovarian Tumor—Mode of Death.

Paralysis—Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and Mode of Death.

Tetanus—Nature of Injury, if any.

Ulcer—Nature. Chief Location and Mode of Death.

Wounds—Cause, Variety, Seat and Mode of Death.

Abscess—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention Intemperance whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full: Mollie R Kolbe

Certificate of Death

Died at: Town: Chestnut Ridge County: Balto MARYLAND

Date 1899 Month: July Day: 19 | Age Y. 20 M. -- D. | Native of: Maryland | Occupation: Dressmaker

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of ~~children~~ living

Husband / Wife of

Father's Name: Ernst Kolbe

Mother's Name: Caroline Kolbe

Cause of Death: Primary 22a

Immediate: Consumption

How long sick: about 1 year

Accident, Suicide, Homicide

Reported by: Edwin D. Selby Undertaker

Address: Reisterstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full #5307 Certificate of Death

Ann Marie Lane

Died at Town Mt. Hope County Balto MARYLAND

Date 1899 Month 7 Day 23 | Age Y. 68 M. D. | Native of Md | Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name Mother's Name

Copy

Cause of Death { Primary Menoncholia 46 | How long sick

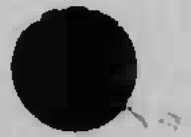
Immediate Exhaustion from Pleuritic effusion | Accident, Suicide, Homicide

Reported by Frank J. Flannery, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name In Full

Certificate of Death

Jessica A. Lanham

Died at Town: Spanis Point. County: Balto. MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	July	13	1	1	9	Md	None

~~Male~~ / Female — ~~White~~ / ~~Colored~~ — Married / Single — ~~Widow~~ / Widower — ~~Divorced~~ / ~~Number of children living~~

Husband of —

Wife

Father's Name: James M. Lanham

Mother's Name: Eliza M. Green 82

Cause of Death — Primary: Cholera Infantum — How long sick: 1½ days

Immediete: Cholera Infantum — ~~Accident, Suicide, Homicide~~

Reported by: Frank C. Eldred M.D.

Address: Spanis Point. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75888

... illness is responsible for ... certifica... person superintending the burial, within *twenty-four hours* after the death or ... to do so, under penalty of law.

... Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death July 22. 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Barbara Lessner

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 71 *Years,* ..... *Months* ..... *Days.*

Color, White

~~*Married, Single*~~, *Widow* or ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Chronic Nephritis

Second, (Immediate) Appoplexy.

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician

Place of Burial, Western Cem.

Date of Burial, July 24/99

Undertaker, Ph. J. Dill & Son

Place of Business, 746 Columbia

J. W. Holland M. D.,
Medical Attendant.

Address Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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J. W. Bond Co., Printers and Stationers, Balto.

Gen... ...atory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

Ov...

PARALYSIS—Variety ...

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full Roy. P. Lowe

Certificate of Death

Died at Town Delight County Balto MARYLAND

Date 189 9 Month July Day 23 | Age Y. 22 M. D. | Native of Maryland | Occupation Typewriter

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of 143

Father's Name Perry Lowe | Mother's Name Helen Lowe

Cause of Death — Primary: Fractured Cranium — How long sick

Immediate: Compression brain — Accident, Suicide, Homicide

Reported by James Gorry M. D.

Address Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full — Certificate of Death

J. Frederick Luhrman

Died at Town: Lansdale — County: Balto. Co. — MARYLAND

Date 1899 — Month: July — Day: 17 — Age: Y. — M. 9 — D. 28 — Native of: — — Occupation: —

Male / ~~Female~~ — White / Colored — Married / Single — Widow / Widower — ~~Divorced~~ — Number of children living: —

Husband of / Wife: —

Father's Name: Joseph Luhrman — Mother's Name: Lizzie Betz

Cause of Death — Primary: Cerebro Colitis — How long sick: 6 days

Immediate: Spasm — 82 — ~~Accident, Suicide, Homicide~~

Reported by: Dr. C. X. Whitford Troy

Address: Parkville Balto. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

l Attention

HEALTH ... Y ... BALTIMORE.

...mit No. A 5221 **Office of Registrar of Vital Statistics.** Ward ...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu... filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 34 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Joseph Mack

Sex, Male or ~~Female~~, (Cross out the words not required in this line.)

Age, ... *Years,* 6 mo *Months,* — *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, —

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, 6 mo.

Place of Death, (Give Street and Number.) The Thomas Wilson Sanitarium

Cause of Death, First (Primary) Gastro-Enteritis

Second (Immediate) " "

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 6th 99

Wm McDabney M. D.,
Medical Attendant.

Undertaker, W Lippelson

Place of Business, 330 S Bond

Address The Thomas Wilson Sanitarium (The Johns Hopkins Hospital)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

RISM—Mode of Death.

C. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...nd Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Mary Ethel Mahanna

Died at Town Reisterstown County Balto MARYLAND

Date 1899 Month 7 Day 21 Age Y. [illegible] M. 10 D. 11 Native of Md Occupation ——

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 5

Husband of Wife

Father's Name Chas. E. Mahanna Mother's Name Elenora Mahanna

Cause of Death Primary Chlora Infantum How long sick 15 days

Immediate Accident, Suicide, Homicide

Reported by H. M. Slade 82

Address Reisterstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate has been received from _____

of _____

Name in Full #5276 Francis N. Mansback

Certificate of Death

Died at Town Catonsville County Balto. MARYLAND

Date 1899 Month 7 Day 17 | Age Y. M. D. 6 | Native of N. Ca | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Copy Mother's Name

Cause of Death { Primary Gastro-Enteretis 82 | How long sick 4 or 5 weeks

Immediate | Accident, Suicide, Homicide

Reported by W. D. Booker, M. D.

Address City.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full ~~X~~ 5245

Certificate of Death

James Harvey Marly

Died at Town Towson County Balto MARYLAND

Date 1899 Month 7, Day 10 Age Y. 36 M. 11 D. 20 Native of Md Occupation druggist

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living one

Husband of Wife ~~Agnetta~~ Helen Augustus

Father's Name John Marly Mother's Name Ellen G. Marly

Cause of Death Primary Overdose of Prussic 151 How long sick one hour

Immediate Cardiac Paralysis Accident, ~~Suicide, Homicide~~

Reported by F. R. Rich M.D. & T. B. Saulsbury M.D.

Address Towson Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full #6269 Denad Martell

Certificate of Death

Town

County Balto.

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 9	16	Age 8			Md	

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 8a

Immediate Diphtheria

How long sick 5 days

Accident, Suicide, Homicide

Reported by E. C. Williams, M. D.

Address City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full

Certificate of Death

Nicholas Martz

Died at 526 Town Third St. County Baltimore. MARYLAND

Date 1899 Month July Day 26th = Age Y. 55 M. 1 D. 10 | Native of Germany | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of Sophia Martz

Father's Name Nicholas Martz

Mother's Name Not Known.

Cause of Death: Primary

Immediate Apoplexy 42

How long sick

~~Accident, Suicide, Homicide~~

Reported by F. W. Schneider M.D.

Address 1013 E Eutaw St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05968

Name in Full # 6303 Julia Mason

Certificate of Death

Died at Town Mt. Hope County Balto MARYLAND

Date 1899 Month 7 Day 23 | Age Y. 86 M. D. | Native of Georgia | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Copy

Cause of Death { Primary Melancholia 46 | How long sick

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by Frank J. Flannery

Address Mt. Hope. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Keepers of Cemetaries
Burials, to

This Permit M[illegible]fully Invited to the
Bo

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5219 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Anna Laura Masson

Sex, ~~Male~~ or Female, (Cross out the words not required in this line.)

Age, ... *Years,* 2 *Months,* 18 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, —

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, 2 m. 3 d.

Place of Death, (Give Street and Number.) The Thomas Wilson Sanitarium

(1)

Cause of Death, First (Primary) Gastro-Enteritis
Second (Immediate) Broncho-Pneumonia

Duration of Last Sickness, 26 days

All the above information should be furnished by the Physician.

Place of Burial, Talbott Co. Md.

Date of Burial, July 5 '99 Wm McDabney M. D.,
Medical Attendant.

Undertaker, Germanus France

Place of Business, Bank & Wolfe Sts. Address The Thomas Wilson Sanitarium (The Johns Hopkins Hospital)

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KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...sted in Relation to the Causes of D...
...erated Below.

...URISM—Mode of Death.

...ER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Sarah E. Matthews

Died at Town: Catonsville County: Balto. MARYLAND

Date 189 9 Month: July Day: 11 | Age Y. 19 M. — D. 1 | Native of Md. | Occupation Laundress

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of ——— Wife

Father's Name Frank Matthews Mother's Name Josephine Matthews

Cause of Death: Primary Burn 146a

Immediate Shock

How long sick 6 hours

~~Accident, Suicide, Homicide~~

Reported by David M. Stultz M.D.

Address Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Mary Louisa Mayers

Certificate of Death

Died at Town: Western Run P.O. County: Balto. MARYLAND

Date 1899 Month: July Day: 20 | Age Y. 45 M. D. | Native of: Balto City | Occupation: Housekeeper

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living: One

~~Husband~~ ~~of~~ Wife: Abraham Mayers

Father's Name: Aubrey

Mother's Name: Caroline Aubrey

Cause of Death: Primary: Heart (Disease of Right side) Tricuspid Valve) — How long sick: 15 minutes (about)

Immediate: Syncope 57 — Accident, ~~Suicide, Homicide~~

Reported by: J. C. Drach MD

Address: Butler Balto. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 70899

Name in Full

Certificate of Death

William. Patrick. Mc Nulty.

Died at Town: Sparrows Pt. County: Balto MARYLAND

Date 1899. Month: 7. Day:

Age: Y. 7. M. 7. D. 14.

Native of .

Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Patrick Mc Nulty. Mother's Name Deceased

Cause of Death: Primary Cholera Infantum. How long sick 2 days.

Immediate Convulsions. 82 Accident, Suicide, Homicide

Reported by Woodward. M. D.

Address Sparrows. Pt. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79700

Name in Full | Certificate of Death

Harry Harrison Medley

Died at Mt. Town Washington County Balto MARYLAND

Date 1899 Month July Day 28 | Age Y. 10 M. D. | Native of Mass | Occupation Bottle Sucker

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Wife

Father's Name Harry Medley | Mother's Name Lacy

Cause of Death: Primary Cholera Infantum | How long sick 3 weeks

Immediate Marasmus 82 | Accident, Suicide, Homicide

Reported by Dr. J. B. Brown

Address Mt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79708

The Special Attention of Physici... ...back of this Certificate.

Duplicate

CERTIFICATE OF DEATH.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No.

Date of Death July 23rd 1899

Full name of Deceased Mildred Mercier

(If an unnamed Infant, insert full names of both Parents.)

Sex Female

Age *Years* 4 *Months* 17 *Days.*

Color White

Married, Single, Widow, or Widower. —

Occupation —

Birthplace Washington, D.C.

Duration of Residence in the District of Columbia since birth

Nativity of Father Maryland *Nativity of Mother* Maryland

Place of Death [Give Street and Number.] 412 C St. S.E.

Cause of Death { Primary Cholera infantum
Immediate Inanition

Duration of Last Sickness one month

All of the above information should be furnished by the Physician.

In case of death by zymotic disease, please state what, if any, local cause exists to produce the same.

Place of Burial Loudon Park Cemetery

Date of Burial July 25th 1899

J. W. Hodges M. D.

{ *Undertaker* W. D. Primmer

{ *Place of Business* 323 N. Charles St. Balto. *Address* 201 - 2nd St. S.E.

Apnœa, Exhaustion, Heart Failure, and kindred terms must not be certified as *Primary* cause of death.

In case of death from other than natural causes, the death certificate must be signed or approved by the Coroner prior to the issue of a burial permit.

Extract from Regulations to [illegible] and Correct Record of Vital Statistics in the District of Columbia.

SECTION 4. That whenever any person shall die within the District of Columbia it shall be the duty of the Physician attending such person during his or her last sickness, or of the Coroner of the District, when the case comes under his official notice, to furnish and deliver to the undertaker, or other person superintending the burial of said deceased person, a certificate, duly signed, setting forth, as far as the same may be ascertained, the name, age, color, sex, nativity (giving State or country), occupation, whether married or single, duration of residence in the District of Columbia, cause, date, and place of Death (giving street and number), and duration of last sickness, of such deceased person. And it shall be the duty of the undertaker, or other person in charge of the burial of such deceased person, to state in said certificate the date and place of burial, and, having signed the same, to forward it to the Registrar aforesaid **within twenty-four hours after such death**: *Provided*, That in case of death from any infectious or contagious disease, said certificate shall be so made and forwarded within eight hours thereafter.

The following additional information is requested in relation to the Causes of Death enumerated below:

ABSCESS—Variety and Seat.

*ANEURISM—Mode of Death.

CER. SPIN. MENINGITIS—Variety, whether epidemic or simply inflammatory.

CHILDBIRTH—Circumstances producing death.

*CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause, and Serous Sac involved.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

*HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT POSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

*OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety, Chief Location, and Mode of Death.

TETANUS—Nature of injury, if any.

ULCER—Nature, Chief Location, and Mode of Death.

WOUNDS—Cause, Variety, Seat, and Mode of Death.

Specify every Surgical Operation with fatal results.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

In Diseases marked thus * state if operation has been performed.

In cases of Death resulting from Violence, the death certificate must be signed or approved by the Coroner.

WM. C. WOODWARD, M. D.,
Health Officer.

Name In Full Alice Meridetb

Certificate of Death

Died at Town Lutherville County Balto MARYLAND

Date 189 9 Month 7 Day 5 | Age Y. 51 M. D. | Native of Va | Occupation Nurse

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 7

~~Husband~~ Wife of Ned Meridetb.

Father's Name Isaac Johnson Mother's Name Emma Johnson

Cause of Death: Primary Apoplexy 42 How long sick 2 days

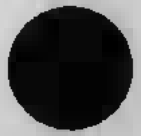
Immediate Paralysis. ~~Accident, Suicide, Homicide~~

Reported by H. Burton Stevenson Md

Address Rider. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name in Full Henry Myers — Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 189? Month July Day 21 | Age Y. 56 M. D. | Native of Md | Occupation Carpenter

~~Male~~ ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widowed~~ ~~Divorced~~ | Number of children living X

Husband of
Wife X

Father's Name X

Mother's Name X. 47

Cause of Death — Primary: Epileptic Insanity — How long sick 1 week

Immediate: Status Epilepticus — ~~Accident, Suicide, Homicide~~

Reported by Dr. Wm

Address Md Hospital Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70890

Name in Full

Certificate of Death

Elizabeth Clara Meyers.

Died at Town: Perry Hall County: Baltimore MARYLAND

Date 189 Month: June Day: 24th. | Age Y. 36 M. D. | Native of Maryland | Occupation Housekeeper

~~Male~~ Female | ~~White~~ ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living 1.

~~Husband~~ Wife of Edmund F. Meyers.

Father's Name Henry Snyder | Mother's Name Frances Snyder.

Cause of Death: Primary rifle bullet through the brain. | How long sick

Immediate | Accident, ~~Suicide, Homicide~~

Reported by H. F. Harrison, M.D.

Address Loch Raven, [redacted] Baltimore Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79895

Name In Full

Certificate of Death

Mrs. Eliza Jane Milke

Died at Town Canton County Balto. MARYLAND

Date 189 Month 7 Day 20 | Age Y. 39 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 6 -

Husband Wife of Capt. Henry Milke

Father's Name | Mother's Name

Cause of Death: Primary Lung - trouble 22a | How long sick

Immediate Hemorrhage | Accident, Suicide, Homicide

Reported by Maryland Journal 7-25-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858

Dr. D. St. Jones

f-30

Name in Full

Certificate of Death

Raymond Edward Miller

Died at Town: Granity County: Garrett MARYLAND

Date 1899 Month: July Day: 21 Age Y. 0 M. 10 D. 21 Native of Md.

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband of Wife~~

Father's Name George Miller

Mother's Name Jennie Miller

Cause of Death: Primary Tuberculosis Meningitis How long sick 24 days

Immediate Convulsions 22d ~~Accident, Suicide, Homicide~~

Reported by A. J. Shipley M.D.

Address Granity Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full 5295 Howard Moon

Certificate of Death

Town

County Balls.

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 7	21	Age	19		born.	

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of ~~children~~ living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary — Gastro-Enteritis 82

Immediate — Exhaustion

How long sick 2 wks

Accident, Suicide, Homicide

Reported by Lewis H. Gundry, M. D.

Address City.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70898

HEALTH DEPARTMENT, CITY OF

Permit No. A 52441 **Office of Registrar of Vital Statistics.**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Jane Moore

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 54 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} Bay View Asylum (Insane Department)

Cause of Death, First (Primary) Mitral Insufficiency—Chronic Interstitial Nephritis—

Second (Immediate) Exhaustion

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 10th 1899

Undertaker, Robt A. Elliott

Place of Business, 508 Rose St

A. C. Thomas M. D.,
Medical Attendant.

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

CER. [illegible] MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Carolina Mueller

Town

County

Died at Baltimore "

MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899	July	31	Age	38	—	—	Germany	Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ of Wife John Mueller

Father's Name dont know

Mother's Name dont know

Cause of Death: Primary 119a

Immediate Septicaemia

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by [illegible]

Address 1114 Chesapeake St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. E. J. Williams

of Baltimore

Seen by Coroner

of

Information contained in this certificate received

from the immediate family

of deceased

l Attention of Physicians is respect...

HEALTH DEPARTMENT, CITY OF BA...

...mit No. A 5222 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death July 5 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Geo. Munich

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, 35 *Years,* *Months* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, {Give Street and Number.} Bay View Hospital

(1)

Cause of Death, First, (Primary) Phthisis Pulmonalis

Second, (Immediate) Asthenia

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician

Place of Burial, Holy Rosary

Date of Burial, July 6th

Undertaker, J. Fialkowski

Place of Business. 428 S Bond

J. W. Holland M. D.,
Medical Attendant.

Address Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

ANEURISM—

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Martin Inyer

Certificate of Death

Town
Died at Baltimore ~~County~~ MARYLAND

Date 189[illegible] Month July Day 18 | Age Y. 3 M. 6 D. | Native of America | Occupation none

~~Male~~ ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Wilhelm Inyer Mother's Name Annie Inyer

Cause of Death { Primary
Immediate Summer Complaint } ~~How long sick~~ ~~Accident, Suicide, Homicide~~

Reported by Thos B Cook. Removal from St. Paul Cemetery & Western Cem.

Address 108 E Balto St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from Wilhelm Meyer

of 1411 Ramsey St

HEALTH [illegible]

Permit No. A 5702 **Office of Registrar**

The Physician who attended any person in a last illness is responsible for the pres... *filled out* to the undertaker or other person superintending the burial, within *twenty-f...* deceased, or sooner, if requested to do so, under penalty of law.

Permit for Burial can be Obtained without a Proper Certific...

CERTIFICATE OF DEATH.

Date of Death, July 24-1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Henry Myers.

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 56 *Years,* —— *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Carpenter.

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Md. U. S. Maryland.

Duration of Residence in the ~~City of Baltimore~~, 7 yrs

Place of Death, {Give Street and Number.} Md. Hospital for Insane.

Cause of Death, First (Primary) Epilepsy

Second (Immediate) Status Epilepticus

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 24 99

Undertaker, Mrs C Priester & Sons

Place of Business, Catonsville Md

Percy Wade M. D.,
Medical Attendant.

Address Catonsville

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, ... the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...ther
...flammatory.
...stances producing Death.
...nd Seat.

...ode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...ety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

...cial Attention of Physician ... ...ow, and to List of Diseases

HEALTH DEPARTMENT, CITY OF BALTIM...

Permit No. A 52 33 **Office of Registrar of Vital Statistics.**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death o... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 8. 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Rosie Myers 1147 E. Basto St.

Sex, ~~*Male or*~~ *Female.* (Cross out the words not required in this line.)

Age, X *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the words not required in this line.) —

Occupation, —

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Boston, Mass

Duration of Residence in the City of Baltimore, 3 weeks.

Place of Death, (Give Street and Number.) Thomas Wilson Sanitarium & awaiting removal for burial

Cause of Death, First (Primary) acute Gastro enteritis

Second (Immediate)

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia road

Date of Burial, Sunday 9

Undertaker, Hoardon

Place of Business, 1080 Granby St.

cile myers

A. V. Gosweiler M. D.,
Medical Attendant.

Address 1300. E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

Causes of D

Ent

e of Death.

MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Joseph Nash

Certificate of Death

Died at Town Granite County Balto MARYLAND

Date 1899 Month July Day 2 Age ~~Y. M. D.~~ 2 hours Native of Md ~~Occupation~~

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Edward Mason

Mother's Name Mary Nash

Cause of Death Primary Premature Delivery 138k ~~How long sick~~

Immediate ~~Accident, Suicide, Homicide~~

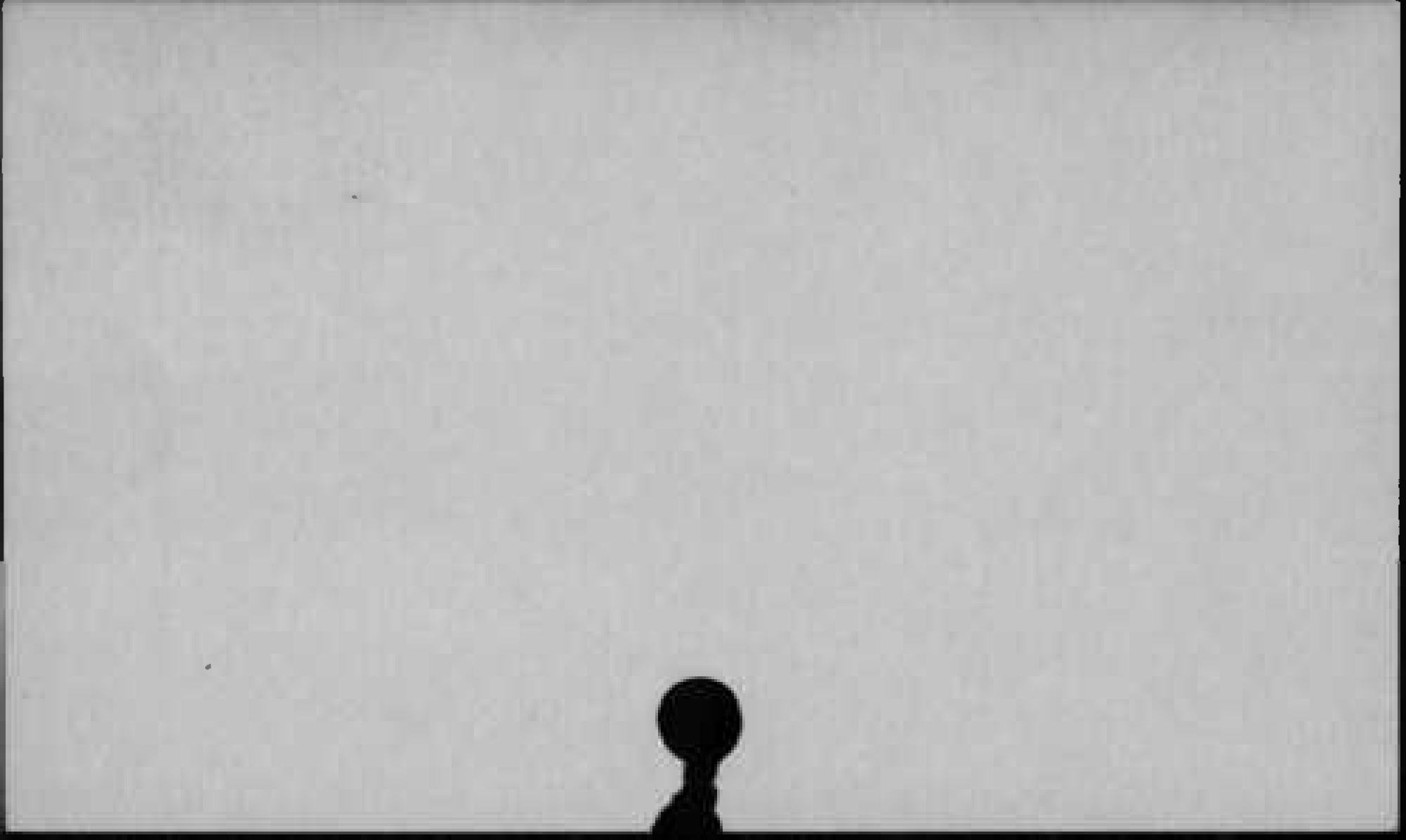
Reported by H. F. Shipley M.D.

Address Granite Balto Co Md

Filed 1899

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



HEAL[illegible] OF [illegible]RE.

[illegible]mit No. A 522 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Theresa Nores

Sex, ~~*Male or*~~ *Female,* (Cross out the words not required in this line.)

Age, — *Years,* 3 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ (Cross out the words not required in this line.)

Occupation,

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, Two months

Place of Death, (Give Street and Number.) Arbutus Baltimore County

Cause of Death, (I) First (Primary) Cholera Infantum

Second (Immediate)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 8/99

Undertaker, Nicholas Fink

Place of Business, 1846 W. Pratt St.

Jno. G. Holliday M. D.,
Medical Attendant.

Address 714 Fredk ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...ism—Mode of Death.

...er. Spinal Meningitis—Variety, whether Epidemic or simply Inflammatory.

Childbirth—Circumstances producing Death.

Cancer—Variety and Seat.

Calculus—Mode of Death.

Dentition—Mode of Death.

Disease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro-Enteritis—Cause, whether Diarrhœal or not.

Erysipelas—Seat and Cause.

Fractures—Cause and Mode of Death.

Gangrene—Seat and Cause.

Gastritis—Cause.

Hernia—Variety and Mode of Death.

Insanity—Variety and Mode of Death.

Jaundice—Cause and Mode of Death.

Mania, Acute—Cause and Mode of Death.

Miscarriage—Cause and Mode of Death.

Malignant Pustule—Location and Cause.

Malformation—Variety.

...use.

Necrosis—Seat. Cause and Mode of Death.

Ovarian Tumor—Mode of Death.

Paralysis—Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and Mode of Death.

Tetanus—Nature of Injury, if any.

Ulcer—Nature. Chief Location and Mode of Death.

Wounds—Cause, Variety, Seat and Mode of Death.

Abscess—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention Intemperance whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Lillie M. Nauss

Died at Town Spanish Pt. County Balto. MARYLAND

Date 1899 Month July Day 30 | Age Y. — M. — D. 4 | Native of Md | Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Harvey E. Nauss

Mother's Name Annie M. Shank

Cause of Death

Primary Premature birth

Immediate Inanition 138b

How long sick 4 days

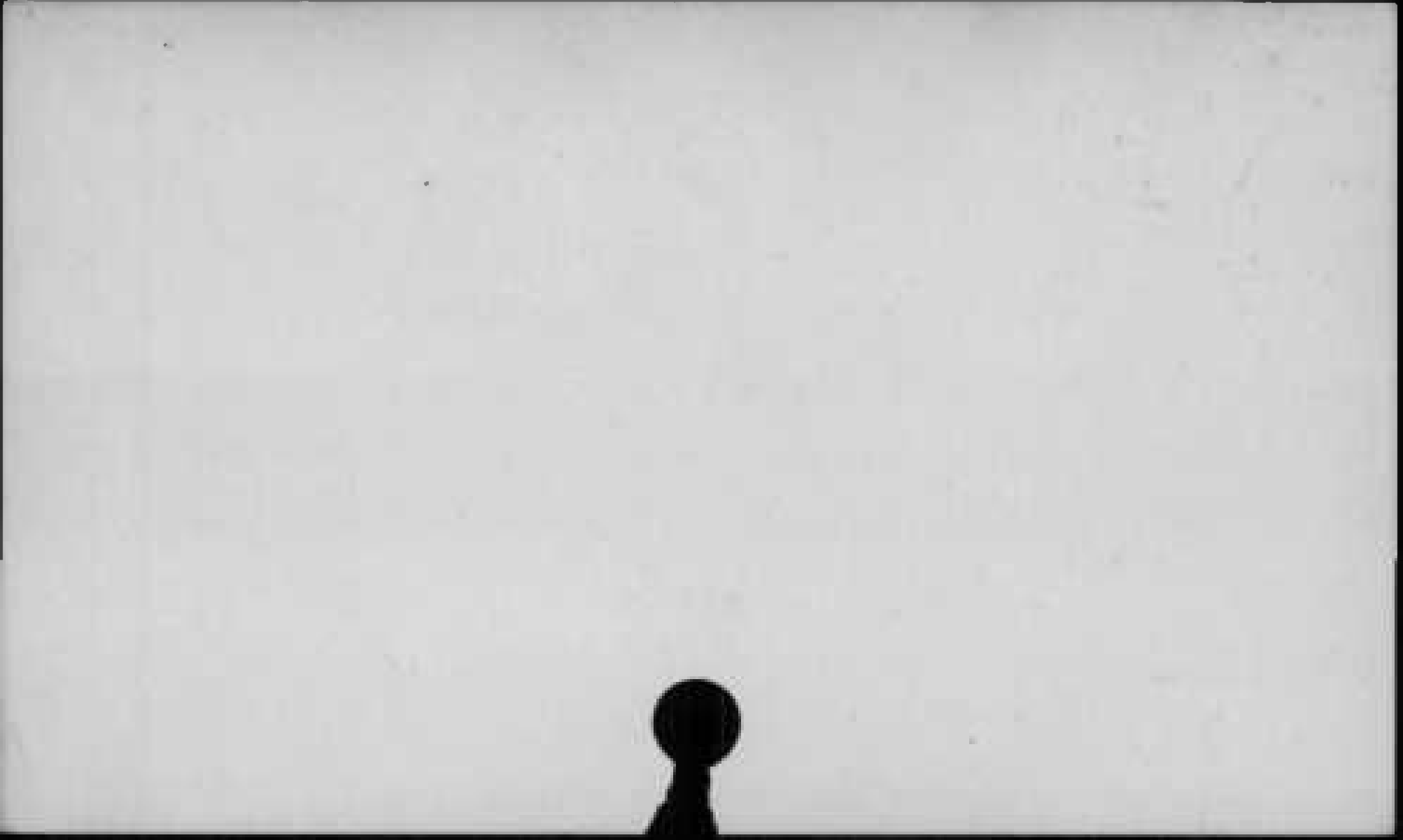
~~Accident, Suicide, Homicide~~

Reported by Frank C Eldred M. D.

Address Spanish Point. Md

Must be signed by physician, if any in attendance, otherwise by [illegible]ner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]



Name In Full — Certificate of Death

Cordelia Nunnsen

Died at Town: Roland Park — County: Baltimore — MARYLAND

Dete 1899 — Month: July — Day: 12 — Age: Y. 63 M. D. — Native of: Md — Occupation: Housewife

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ — Number of children living: one

Husband of Wife: Peter Nunnsen

Father's Name: Briarly — Mother's Neme: Don't Know Can't find out

Cause of Death — Primary: Inflammatory Rheumatism — How long sick: 8 yrs

Immediate: Heart Failure 57 — Accident, Suicide, Homicide

Reported by: L. Gibbons Smark

Address: Roland Park.

Must be signed by physician, if any in ettendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 70108

Name in Full — Certificete of Death

Annie Florence Parks

Died at Town Lemonum County Balto MARYLAND

Date 1899 Month July Day 31st Age Y. 39 M. D. Native of Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of John Calvin Parks

Father's Name John Parks Mother's Name Sarah Parks

Cause of Death: Primary Pulmonary Tuberculosis How long sick 18 Months

Immediate Pneumonia 220 ~~Accident, Suicide, Homicide~~

Reported by Dr B. B. Benson

Address Cockeysville Balto. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Fredrick Palmatory

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 189[illegible] Month July Day 21 | Age Y. 64 M. D. | Native of Md | Occupation None

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living X

Husband of Wife X

Father's Name X

Mother's Name X

Cause of Death: Primary Dementia 46 | How long sick 2 mos

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by J Peg Wade

Address Md Hospital Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5747 Certificate of Death

Palmatory, Frederick

Died at ~~Town~~ Catonsville County Balto MARYLAND

Date 1899 Month July Day 29 | Age Y. 65 M. D. | Native of Md | Occupation None.

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living X

Husband of Wife X

Father's Name X Mother's Name X

Cause of Death { Primary Dementia | Immediate Exhaustion of old age. | How long sick 4 mos | ~~Accident, Suicide, Homicide~~

Reported by J Perez Wade

Address Md Hospital Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full # 5274 Certificate of Death

Joseph Pfaller

Town County Balto.

Died at MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899	7	17	Age		4			

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Copy

Cause of Death { Primary 161 How long sick 3 mos.

Immediate Accident, Suicide, Homicide

Reported by J. H. Schwatka M.D.

Address City.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Anthony M. Pasko

Died at Town: Sparrows Point County: Balto MARYLAND

Date 189 4 Month: July Day: 7 | Age Y. 9 M. — D. — | Native of Md | Occupation None

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband / Wife of —

Father's Name Mike Pasko | Mother's Name Mary Krivini

Cause of Death: Primary — Cholera Infantum 82 — How long sick Two days

Immediate — Cholera Infantum — ~~Accident, Suicide, Homicide~~

Reported by Frank C. Eldred M.D.

Address Sparrows Point Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full

Geo. L. Pratt

Certificate of Death

Died at Town: Towson County: Balto MARYLAND

Date 1899 Month: 7 Day: 6 Age Y.: 1 M.: 9 D.: Native of: Md Occupation: Infant

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name: Geo Pratt

Mother's Name: Mary Hammond

Cause of Death: Primary: Green apples 82 — How long sick: 3 days

Immediate: Cholera Infantum — Accident, Suicide, Homicide

Reported by: Dr R. C. Massenburg

Address: Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full #5217

Certificate of Death

Caroline Reaver

Died at Town Gardenville County Balto MARYLAND

Date 1899 Month 7 Day 4 | Age Y. 23 M. 2 D. | Native of Md | Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Cerebral 42 | How long sick

Immediate ~~Central~~ Meningitis | Accident, Suicide, Homicide

Reported by Geo. F. Cowe M.D.

Address Gardenville, Md.

Must be signed by physician, if any in attendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896

Name in Full

Certificate of Death

Margaret Eva Reinfelz,

Died at Town Carney P/O. County Balto Co MARYLAND

Date 189 9 Month July Day 9 | Age Y. — M. 6 D. 24 | Native of — | Occupation —

~~Male~~ ~~Female~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced ~~Number of children living~~

Husband of Wife

Father's Name Frank Martin Reinfelz | Mother's Name Margaret Popp

Cause of Death: Primary Cholera Infantum | Immediate Exhaustion 72

How long sick Do not know, saw once

~~Accident, Suicide, Homicide~~

Reported by Drs. A. X. Whitefordton

Address Parkville Balto Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Name in Full 5224 Certificate of Death

Bessie Rice

Died at Town Owings Mills, County Balto. MARYLAND

Date 1899 Month 7 Day 6 | Age Y. M. 1 D. 8 | Native of Md | Occupation

~~Male~~ Female | ~~White~~ Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name

Copy

Cause of Death { Primary | Immediate Pneumonia 72 | How long sick | Accident, Suicide, Homicide

Reported by W. H. Campbell, M.D.

Address Owings Mills

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Catharine M. Riegger

Certificate of Death

Died at Town Baltimore County MARYLAND

Date 1899 Month July Day 23 | Age Y. 2 M. — D. 7 | Native of Md. | Occupation none

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

~~Husband~~ of

~~Wife~~

Father's Name Anton Riegger

Mother's Name Anna M. Riegger

Cause of Death { Primary Tubercular Meningitis

Immediate Convulsions 226

How long sick 3 days

~~Accident, Suicide, Homicide~~

Reported by Gustav Goldman MD

Address 2005 Eastern-av

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Gustav Goldman

of Baltimore

Seen by Coroner

of

Information contained in this certificate received

from immediate family

of deceased

Name in Full #5277 John G. Ritzell

Certificate of Death

Died at Town Catonsville County Balto. MARYLAND

Date 1899 Month 7 Day 16 | Age Y. 43 M. D. | Native of Md | Occupation Book-keeper.

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Copy

Cause of Death: Primary Paranoca 46 | How long sick 4 mos.

Immediate Tuberculous Laryngitis | Accident, Suicide, Homicide

Reported by J. Percy Wade, M.D.

Address Catonsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

...TMENT, CITY OF BALTIMORE.

Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death July 22-99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} John Rohrer

Sex, Male ~~*or Female*~~, {Cross out the words not required in this line.}

Age, 67 *Years,* *Months* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Phthisis Pulmonalis

Second, (Immediate) Asthenia

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial Sacred Heart Cem.

Date of Burial, July 25th '99 J. W. Holland M. D., Medical Attendant.

Undertaker, Germanus Frank

Place of Business Bank & Wolf Sts. *Address* Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

RISM—Mode of Death.

NAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Va

NECROSIS—Seat. Cause and Mode of

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full 15284

Certificate of Death

Louis Sauer

Died at Town County Bates, MARYLAND

Date 1899 Month 7 Day 18 | Age Y. M. D. 7 | Native of Md | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death { Primary Cholera Infantum | How long sick 12 hrs

Immediate Paralysis of 82 | Accident, Suicide, Homicide

Reported by J. C. Schofield

Address City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Henry Schaub

Died at Town Catonsville County Balto MARYLAND

Date 1899 Month July Day 9 | Age Y. 84 M. D. | Native of Hessland Germany | Occupation Tailor

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Dorther Schaub

Father's Name dont no

Mother's Name

Cause of Death: Primary Arterio sclerosis

Immediate Dropsy Cardiac

OVER 97

How long sick

~~Accident, Suicide, Homicide~~

Reported by [illegible] Macgill

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by M.D. of

Seen by Coroner

of

Information contained in this certificate received from

of

HEALTH DE[illegible] [illegible]IMORE.

Permit No. A 5320 **Office of Registrar of Vital [illegible]tistics.** Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Mary Schaekels

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, Years, 2 Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give Street and Number.} The Thomas Wilson Sanitarium

Cause of Death, First (Primary) Gastro Enteritis

Second (Immediate)

Duration of Last Sickness, 2 week.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem'y, Md.

Date of Burial, July 27/99

Undertaker, Henry Hoeck

Place of Business, 1013 Central Ave

Wm. McDaniel M. D.,
Medical Attendant.

Address The Thomas Wilson Sanitarium
(The Johns Hopkins Hospital)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...RISM—Mode of D...

CER. SPINAL MENINGITIS ...iety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

C...—Mode of Death.

D...TION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

...RALYSIS—Variety and Cause.

...ERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

T... ...A... ...MENT, CITY OF ...

Permit No. A 3 ... 6 **Office of Registrar of Vital Statistics.**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu... filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 12th 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Belle Schloss

~~Sex, Male~~ or Female, (Cross out the words not required in this line.)

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, —

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, 4 months

Place of Death, (Give Street and Number.) The Thomas Wilson Sanitarium Balt Co.

Cause of Death, (I) First (Primary) Gastro-Enteritis (Acute Diarrhoeal)

Second (Immediate) " " " "

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Shomey Lodath

Date of Burial, 13 July

Undertaker, A. Gelblum

Place of Business, 1010 E Pratt

Wm McDabney M. D.,
Medical Attendant.

Address The Thomas Wilson Sanitarium (The John Hopkins Hospital)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Permit No. A 2 2 6 ... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 13. 99

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Laura V. Schmeck

Sex, ~~*Male or*~~ *Female,* (Cross out the words not required in this line.)

Age, 56 *Years,* 11 *Months,* ..... *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ (Cross out the words not required in this line.)

Occupation, None

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Baltimore Md.

Duration of Residence in the City of Baltimore, Twenty yrs

Place of Death, (Give Street and Number.) Monumental Farm, Balto. Co.

Cause of Death, First (Primary) La Grippe
Second (Immediate) Septicaemia

Duration of Last Sickness, Three mos.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 16th 1899

Undertaker, Hy. W. Mears & Son

Place of Business, 413 E. Fayette St.

G. G. Rusk M. D.,
Medical Attendant.

Address 2000 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

de c.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

NECR... ... ... Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full

Abram L. Scott

Certificate of Death

Died at Town Shawan County Baltimore MARYLAND

Date 189 9 Month July Day 24 Age Y. 12 M. 9 D. 10 Native of Shawan Occupation Farmers Son

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

Husband of Wife

Father's Name Frank L. Scott 143 Mother's Name Martha R. Scott

Cause of Death

Primary Fracture of Base of Skull

Immediate Pressure (by Hemorrhage) and effusion

How long sick two days

Accident, ~~Suicide, Homicide~~

Reported by J. M. C. Drach M.D.

Address Butler Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

...is Respectfully Invited to the remarks below, and to List of D...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5205 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} John L Shugluckun

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, 14 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, School boy

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, three weeks & three days.

Place of Death, {Give Street and Number.} St Agnes Hospital

Cause of Death, (1) First (Primary) Cerebral tumor

Second (Immediate) exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Waynesboro Md

Date of Burial, July 4th 1899

Undertaker, F. A. Krause & Bro

Place of Business, 703 Hanover

Henry C. Rice M. D.,
Medical Attendant.
visiting physician to St Agnes Hospital
Address 1203 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the ease comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

Enumerated Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

...Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of ...

Health Department, City of Baltimor...

Permit No. A 5208 Office of Registrar of Vital Statistics. Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura... filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of s... deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3d 1899.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Herman F. Siemers

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 47 *Years,* 1 *Months,* 23 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Stationer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Cylburn Balto Co. Md.

Cause of Death, First (Primary),.....

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, about 7 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem...

Date of Burial July 6th 1899

Undertaker, Rev. Limbach & Son E. Miller Reed M.D.,
Medical Attendant.

Place of Business, 647 W. Pratt *Address,* 904 N. Fremont Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

...ion is Requested in Relation to
Enumerated Below.

...RISM—Mode of Death.

...SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstanees producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full S. R. Simmons

Certificate of Death

Died at Highlandtown Town, Balts County, MARYLAND

Date 189 9 | Month 7 | Day 25 | Age Y. 53 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of ~~Wife~~

Father's Name

Mother's Name

Cause of Death { Primary Bright's disease 97 | Immediate

How long sick 2 mos.

~~Accident, Suicide, Homicide~~

Reported by A. S. Warner M. D.

Address 1120 Highland Av.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Permit No. A 2258

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Addison Simpson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labarer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give Street and Number.} Bay View Asylum (Insane Department)

Cause of Death, First (Primary) Diffuse Chronic Nephritis, Acute Lobar Pneumonia

Second (Immediate) Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hosp for Anatomical Purposes

Date of Burial, July 11–1899

A. G. Thomas *M. D.,*
Medical Attendant.

Undertaker,

Place of Business, Health Office *Address* Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

CEREBRAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Attention of Physicians is Respectfully Invited to ... emarks below, and to List of Diseases ...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

No. A 5213 Office of Registrar of Vital Statistics. Ward ...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death July 4, 99

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Bessie Smith

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.} ...

Age, 63 *Years,* ... *Months* ... *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} ...

Occupation, House keeper

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} Bay View Hospital

Cause of Death, First, (Primary) Chronic Bronchitis Emphysema Chronic Interstitial Nephritis

Second, (Immediate) Asthenia

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician

Place of Burial, St Peters

Date of Burial, July 5-99

J. W. Holland M. D.,
Medical Attendant.

Undertaker, F. A. Krause & Bro

Place of Business 703 Hanover *Address* Bay View Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. (OVER)

J. W. Bond Co., Printers and Stationers, Balto.

Following Additional In... ...elation to the Causes of D...
Enumerated ...ow.

...Mode of Death.

...RISM. MENINGITIS—Variety, whether Epi-
CER...ditic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Casue.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

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C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Conrad Smith (Reamer)

Died at Town Mt. Hope County Balto MARYLAND

Date 1899 Month 7 Day 14 | Age Y. 45 M. D. | Native of N. Y. | Occupation Horse trader

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Copy

Mother's Name 46

Cause of Death { Primary Mania acute (Post cerebral abscess) | How long sick 6 weeks

Immediate Suddenly from Syncope due to exhaustion | Accident, Suicide, Homicide

Reported by F. J. Flannery, M. D.

Address Mt. Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Julia Smith.

Certificate of Deat

Died at Town Lutherville County Baltimore MARYLAND

Date 1899 Month July Day 28th Age Y. 8 M. 2 D. 14 Native of Maryland Occupation None

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Robert Smith Mother's Name Harriette Smith

Ceuse of Death Primary Tubercular Meningitis How long sick Three Months

Immediate Paralysis 226 ~~Accident~~, ~~Suicide~~, ~~Homicid~~

Reported by Dr. J. C. Peebles

Address Lutherville Md

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full Alice S. Souder

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 189 9 Month July Day 24 | Age Y. 39 M. D. | Native of Md | Occupation None

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living X

Husband of Wife X

Father's Name X | Mother's Name X

Cause of Death: Primary Dementia 46 | How long sick 1 week

Immediate Gastro-Enteritis | ~~Accident, Suicide, Homicide~~

Reported by J Percy Wade

Address Md Hospital Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Health Department, City of Baltimore,

Permit No. A 5235 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Harry E. Sparks

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 12 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give Street and Number.} Baltimore County

Cause of Death, First (Primary), Accidental

Second (Immediate), Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, July 10

Undertaker, Wm. G. Tickner & Sons John P. James J. P. M.D., Medical Attendant. & coroner

Place of Business, 421 W. Camden St *Address,* Mt Winans Balto Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and C.

NECROSIS—Seat. Cause and Mode of Dea.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Royal Raymond Spriggs

Died at Town: Della County: Balt. MARYLAND

Date 189? Month: July Day: 16 Age Y. 3 M. D. Native of Balto Md Occupation

Male / ~~Female~~ White / ~~Colored~~ ~~Married~~ / Single ~~Widow~~ / ~~Widower~~ ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name Wm A Spriggs

Mother's Name Catharine V Engel

How long sick

Cause of Death: Primary

Immediate Cholera Infantum 8 D

Accident, Suicide, Homicide

Reported by Wm E Hodges MD,

Address Ellicott City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65568

Name in Full

Mollie C. Spriggs

Certificate of Death

Died at Town Hullsville County Balto MARYLAND

Date 1899 Month 7 Day 17 | Age Y. 24 M. D. 10 | Native of Md | Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife Wm H. Spriggs Jr

Father's Name Levi Williams Mother's Name Matilda C. Williams

Cause of Death Primary Heart Disease How long sick 3 days

Immediate 57 ~~Accident, Suicide, Homicide~~

Reported by T. B. Hall M.D.

Address Mt Winans

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79988

Name in Full Rolan R. Spriggs

Certificate of Death

Died at Town Aella County Balto. MARYLAND

Date 189 9 Month July Day 10 | Age Y. 3 M. months D. | Native of Md | ~~Occupation~~

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

~~Husband of~~

~~Wife~~

Father's Name Jfm A Spriggs. Mother's Name Katie V. Spriggs.

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Stephen Hillsinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79889

Wm E. Hodges
Ellicott City

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-

ceived from _____

of _____

Wm A. Griggs
Ellicott City Md.

Name in Full Marshall J Squirrell

Certificate of Death

Died at Town Catonsville County Balto Co — MARYLAND

Date 1899 Month 7 Day 15 | Age Y. 17 M. 4 D. | Native of Md | Occupation Blacksmith

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name James H Squirrell

Mother's Name Ellen Thompson

Cause of Death: Primary / Immediate Typhoid Fever!

How long sick 27

Accident, ~~Suicide~~, ~~Homicide~~

Reported by J Chas Macfall

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. [illegible]

of [illegible]

N C

Information contained in this certificate received from [illegible]

of [illegible]

N. C

Feb 18 39

Name in Full

William H. Stembler

Certificate of Death

Died at Town: Baltimore County: Balto MARYLAND

Date 189 9 Month: July Day: 4 | Age Y. 77 M. 9 D. 6 | Native of Md | Occupation Attendant

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ ~~Divorced~~ | Number of children living 2.

Husband of ~~Wife~~ Angelina Stembler

Father's Name | Mother's Name

Cause of Death — Primary: Typhoid Fever | How long sick 3 weeks

Immediate: Asthenia | Accident, Suicide, Homicide

Reported by Dr C L Mallfetter

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full | Certificate of Death

Urath Stevenson

Died at Town: Near Towson | County: Balto | MARYLAND

Date 1899 | Month: 7 | Day: 24 | Age: Y. 73 M. — D. | Native of: Md | Occupation: —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | Divorced ~~Number of children living~~

Husband of Wife: X

Father's Name: Joshua | Mother's Name: Elizabeth

Cause of Death: Primary: Gastric Ulcer 80 | How long sick: 8 or 10 weeks

Immediate: Inanition | Accident, Suicide, Homicide

Reported by: Dr R. C. Massenburg

Address: Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5293 **Office of Registrar of Vital Statistics.** Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Matthew Stevens

Sex, Male or ~~Female~~, (Cross out the words not required in this line.)

Age, ... *Years,* 9 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, (Cross out the words not required in this line.)

Occupation, —

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, 9 months 10 days

Place of Death, (Give Street and Number.) The Thomas Wilson Sanitarium

(I) *Cause of Death,* First (Primary) Gastro-Enteritis

Second (Immediate) —

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sedgehill

Date of Burial, July 23

Undertaker, John Stevens

Place of Business, 363 E Fairmount

Wm McDabney M. D.,
Medical Attendant.

Address The Thomas Wilson Sanitarium (The Johns Hopkins Hospital)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...ism—Mo... Death.

...r. Spinal Meningitis—Variety, whether Epidemic or simply Inflammatory.

Childbirth—Circumstances producing Death.

Cancer—Variety and Seat.

Calculus—Mode of Death.

Dentition—Mode of Death.

Disease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro-Enteritis—Cause, whether Diarrhœal or not.

Erysipelas—Seat and Cause.

Fractures—Cause and Mode of Death.

Gangrene—Seat and Cause.

Gastritis—Cause.

Hernia—Variety and Mode of Death.

Insanity—Variety and Mode of Death.

Jaundice—Cause and Mode of Death.

Mania, Acute—Cause and Mode of Death.

Miscarriage—Cause and Mode of Death.

Malignant Pustule—Location and Cause.

Malformation—Variety.

...Variety and Cause.

Necrosis—Seat. Cause and Mode of Death.

Ovarian Tumor—Mode of Death.

Paralysis—Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and Mode of Death.

Tetanus—Nature of Injury, if any.

Ulcer—Nature. Chief Location and Mode of Death.

Wounds—Cause, Variety, Seat and Mode of Death.

Abscess—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention Intemperance whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full # 6317 Mary Frances Tate

Certificate of Death

Died at Town Towson County Baltimore MARYLAND

Date 189 9 Month 7 Day 26 | Age Y. 2 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 82 | How long sick

Immediate Cholera Infantum | Accident, Suicide, Homicide

Reported by T. B. Salisbury M.D.

Address Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Arthur Taylor

Certificate of Death

Died at Town Highlandtown County Balto MARYLAND

Date 1899 Month 7 Day 28 Age Y. 0 M. 1 D. 14 Native of Md. Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name S. W. Taylor

Mother's Name Bertha Taylor

Cause of Death Primary Marasmus 82 How long sick 1 mo.

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by A. S. Warner

Address 1120 Highland Av.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65268

Name in Full: Bertha Taylor

Certificate of Death

Died at: Town: Catonsville County: Balto MARYLAND

Date 1899 — Month: 7 Day: 3 | Age Y. M. D.: 10 - 5 | Native of: U.S. | Occupation: —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of: —

Father's Name: Arthur Taylor

Mother's Name: Bertha Adams

Cause of Death: Primary: Marasmus 82 | How long sick: Dont Know

Immediate: Convulsions | Accident, Suicide, Homicide

Reported by: David M. Stutts M.D.

Address: Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full James Taylor

Certificate of Death

Died at Town Shane County Baltimore MARYLAND

Date 189 9 Month July Day 22 | Age Y. 54 M. D. | Native of New York | Occupation Stonemason

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of Marge Simms

Father's Name — Mother's Name —

Cause of Death: Primary Nephritis 97 | How long sick Six months

Immediate Wraemic Coma | ~~Accident, Suicide, Homicide~~

Reported by W M Stirling M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898

Attention of Physicians is Respectfully Invited to ... of Diseases ...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 5218 **Office of Registrar of Vital Statistics.** Ward ...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu... filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Leva Tobias daughter of Moses & Hannah Tobias

Sex, ~~Male~~ or Female, (Cross out the words not required in this line.)

Age, ... *Years,* 4 *Months,* ... *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, —

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, 4 months

Place of Death, (Give Street and Number.) The Thomas Wilson Sanitarium

Cause of Death, (I) First (Primary) Gastro-Enteritis

Second (Immediate) " "

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Phila. Road

Date of Burial, July 5/99

Undertaker, H. Gordon

Place of Business, 1080 Granby St.

Hebrew

Wm. McDabney M. D.,
Medical Attendant.

Address The Thomas Wilson Sanitarium (The Johns Hopkins Hospital)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

... below.

...ism—Mode of Death.

... Spinal Meningitis—Variety, whether Epidemic or simply Inflammatory.

Childbirth—Circumstances producing Death.

Cancer—Variety and Seat.

Calculus—Mode of Death.

Dentition—Mode of Death.

Disease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro-Enteritis—Cause, whether Diarrhœal or not.

Erysipelas—Seat and Cause.

Fractures—Cause and Mode of Death.

Gangrene—Seat and Cause.

Gastritis—Cause.

Hernia—Variety and Mode of Death.

Insanity—Variety and Mode of Death.

Jaundice—Cause and Mode of Death.

Mania, Acute—Cause and Mode of Death.

Miscarriage—Cause and Mode of Death.

Malignant Pustule—Location and Cause.

Malformation—Variety.

Metritis—Variety and Cause.

Necrosis—Seat. Cause and Mode of Death.

Ovarian Tumor—Mode of Death.

Paralysis—Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and Mode of Death.

Tetanus—Nature of Injury, if any.

Ulcer—Nature. Chief Location and Mode of Death.

Wounds—Cause, Variety, Seat and Mode of Death.

Abscess—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention Intemperance whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Ada Corinne Walker

Died at Town: Elko — County: Baltimore — MARYLAND

Date 1899 Month: July Dey: 7 | Age Y. 4 M. 5 D. 6. | Native of: Maryland | Occupation:

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living:

~~Husband~~ of ~~Wife~~

Father's Name: William Walker | Mother's Name: Lizzie Swann

Cause of Death: Primary: Diphtheria — 8a | How long sick: 6 days

Immediate: Diphtheritic croup | ~~Accident, Suicide, Homicide~~

Reported by: Joseph D. Baldwin

Address: Elko. Balto. Co. Md.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

William Edward Waller

Died at — Town: Catonsville — County: Balto — MARYLAND

Date 189 7 — Month: Jan — Day: 11 — Age: Y. — M. 8 — D. 3 — Native of: Md — Occupation:

Male — ~~Female~~

White — Colored

Married — Single — Widow — Widower — ~~Divorced~~

Number of children living

Husband of Wife

Father's Name: George William Walter

Mother's Name: Marie Waller

Cause of Death — Primary: Cholera Infantum 8 2

How long sick: 2 weeks

Immediate: Convulsions

Accident, Suicide, Homicide

Reported by: Dr. C L Mayfield

Address: Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Certificate of Death

Thomas Ward

Died at Town: Towson County: Balto MARYLAND

Date 1899 Month 7 Day 15 Age Y. 63 M. 5 D. Native of Md Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow X ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband ~~Wife~~ of Sarah F. Billingslea Ward

Father's Name 4 Mother's Name 4

Cause of Death: Primary Chronic Porenchymatous Nephritis How long sick 7 years

Immediate Uraemic Poisn 97 ~~Accident, Suicide~~, Homicide

Reported by Dr R. C. Massenburg

Address Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

The Special Attention of Physicians is res...

CERTIFICATE OF DEATH.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No.

Date of Death July 11 1899

Full name of Deceased Wm. W. Harfield

(If an unnamed Infant, insert full names of both Parents.)

Sex Male

Age 75 *Years* *Months* *Days.*

Color White

Married, Single, Widow, or Widower.

Occupation

Birthplace Mo.

Duration of Residence in the District of Columbia 6 Years

Nativity of Father *Nativity of Mother*

Place of Death [Give Street and Number.] 1800 — 12 St. N.W.

Cause of Death { Primary Paralysis. Immediate Coma.

Duration of Last Sickness One year & one day

All of the above information should be furnished by the Physician.

In case of death by zymotic disease, please state what, if any, local cause exists to produce the same.

Place of Burial

Date of Burial

Undertaker

Place of Business

N. R. Jenner, M. D.

Address 1731 — 12 St N.W.

Apnœa, Exhaustion, Heart Failure, and kindred terms must not be certified as *Primary* cause of death.

In case of death from other than natural causes, the death certificate must be signed or approved by the Coroner prior to the issue of a burial permit.

Correct Record of Vital Statistics in the District of Columbia.

...hat whenever any person shall die within the District of Columbia it shall be the duty of the Physician attending such person during his or her last sickness, or of the Coroner of the District, when the case comes under his official notice, to furnish and deliver to the undertaker, or other person superintending the burial of said deceased person, a certificate, duly signed, setting forth, as far as the same may be ascertained, the name, age, color, sex, nativity (giving State or country), occupation, whether married or single, duration of residence in the District of Columbia, cause, date, and place of Death (giving street and number), and duration of last sickness, of such deceased person. And it shall be the duty of the undertaker, or other person in charge of the burial of such deceased person, to state in said certificate the date and place of burial, and, having signed the same, to forward it to the Registrar aforesaid **within twenty-four hours after such death:** *Provided,* That in case of death from any infectious or contagious disease, said certificate shall he so made and forwarded within eight hours thereafter.

The following additional information is requested in relation to the Causes of Death enumerated below:

ABSCESS—Variety and Seat.

*ANEURISM—Mode of Death.

CER. SPIN. MENINGITIS—Variety, whether epidemic or simply inflammatory.

CHILDBIRTH—Circumstances producing death.

*CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause, and Serous Sae involved.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

*HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT POSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

*OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety, Chief Loeation, and Mode of Death.

TETANUS—Nature of injury, if any.

ULCER—Nature, Chief Location, and Mode of Death.

WOUNDS—Cause, Variety, Seat, and Mode of Death.

Speeify every Surgical Operation with fatal results.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

In Diseases marked thus * state if operation has been performed.

In cases of Death resulting from Violenee, the death certificate must be signed or approved by the Coroner.

WM. C. WOODWARD, M. D.,
Health Officer.

Name in Full H 8299

Certificate of Death

Myer Washiski

Died at Town Owings Mills County Balto. MARYLAND

Date 1899 Month 7 Day 22 | Age Y. M. D. 15 | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Copy

Cause of Death { Primary 82 | How long sick

Immediate Cholera Infantum | Accident, Suicide, Homicide

Reported by H. D. Mansfield, M.D.

Address Owings Mills

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: John S R wilson

Certificate of Death

Died at Town: Reisterstown County: Balto MARYLAND

Date 1899 Month: July Day: 12 Age Y. M. D.: 17 Nativa of: Maryland Occupation: none

Male ~~Female~~ ~~White~~ Colorad ~~Married~~ Singla ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wifa

Father's Name: Lewis wilson Mother's Nama: Cassie wilson

Cause of Death: Primary: Tuberculosis 22a How long sick

Immediata Accidant, Suicida, Homicida

Reported by: James Gorr M. D.

Address: Reisterstown

Must be signed by physician, if any in attendance, otharwisa by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Attended by Dr._____

of_____

Information contained in this certificate r

ceived from_____

of_____

Name In Full

Certificate of Death

Jane Weimer

Died at Town: Linton County: Balt. MARYLAND

Date 1899 Month: 7 - Day: 15 | Age Y. 36 - M. D. | Native of Balt. Co. | Occupation Housewife

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 5

Husband of Wife: J. Henkle Weimer

Father's Name: John Himacut | Mother's Name

Cause of Death: Primary: Child Birth 117 | Immediate: Secondary Hemorrhage

How long sick: 10 days

Accident / Suicide / Homicide

Reported by: Jos H. Nolan M D

Address: Fairbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Special Attention of Physicians is respectfully invited to the Remarks [illegible]

CERTIFICATE OF DEATH.

TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

Permit No. [redacted]

Date of Death July 24 1899

Full name of Deceased Fanny Bell Knight.
(If an unnamed infant, insert full names of both Parents.)

Sex Female *Age* 16 *Years* 7 *Months* 8 *Days.*

Color White *Married, Single, Widow or Widower.*

Occupation [redacted]

Birthplace Balto Md

Duration of Residence in the District of Columbia 1 year

Nativity of Father Md *Nativity of Mother* Md

Place of Death [Give Street and Number.] 319 No. Ave N W.

Cause of Death { Primary Perityphlitis
Immediate Cardiac Insufficiency.

Duration of Last Sickness 3 weeks & 4 days.

I hereby certify that I attended the deceased professionally during [redacted] last illness.*

Place of Burial [redacted]

Date of Burial [redacted]

{ *Undertaker* [redacted]
{ *Place of Business* [redacted]

L. L. Frederick M. D.

Address 329 E Cap St

Apnœa, Exhaustion, Heart Failure, and kindred terms must not be certified as *Primary* cause of death.

In case of death from other than natural causes, the death certificate must be signed or approved by the Coroner prior to the issue of a burial permit.

*Under the act of January 25, 1898, this certificate is necessary except upon death certificates issued by the Coroner.

(See over.)

...ever any person shall die within the District of Columbia it shall be the duty of the Physician attending such person d... ...ickness, or of the Coroner of the District, when the case comes under his official notice, to furnish and deliver to the undertaker, or oth... ...intending the burial of said deceased person, a certificate, duly signed, setting forth, as far as the same may be ascertained, the name, age, ..., nativity (giving State or county), occupation, whether married or single, duration of residence in the District of Columbia, cause, date, and ... of Death (giving street and number), and duration of last sickness of such deceased person. And it shall be the duty of the undertaker, or other ...rson in charge of the burial of such deceased person, to state in said certificate the date and place of burial, and, having signed the same, to forward it to the Registrar aforesaid **within twenty-four hours after such death**: *Provided*, That in case of death from any infectious or contagious disease, said certificate shall be so made and forwarded within eight hours thereafter.

The following additional information is requested in relation to the Causes of Death enumerated below:

ABSCESS—Variety and Seat.
*ANEURISM—Mode of Death.
CER. SPIN. MENINGITIS—Variety, whether epidemic or simply inflammatory.
CHILDBIRTH—Circumstances producing death.
*CANCER—Variety and Seat.
CALCULUS—Mode of Death.
DENTITION—Mode of Death.
DISEASE OF HEART—Variety. Valves involved.
DROPSY—Variety and Cause, and Serous Sec involved.
ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.
ERYSIPELAS—Seat and Cause.
FRACTURES—Cause and Mode of Death.
GANGRENE—Seat and Cause.
GASTRITIS—Cause.
*HERNIA—Variety and Mode of Death.
INSANITY—Variety and Mode of Death.
JAUNDICE—Cause and Mode of Death.
MANIA, ACUTE—Cause and Mode of Death.
MISCARRIAGE—Cause and Mode of Death.
MALIGNANT POSTULE—Location and Cause.
MALFORMATION—Variety.
METRITIS—Variety and Cause.
NECROSIS—Seat. Cause and Mode of Death.
*OVARIAN TUMOR—Mode of Death.
PARALYSIS—Variety and Cause.
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYÆMIA—Cause. Nature of injury, if any.
PREMATURE BIRTH—Cause. Fœtal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety, Chief Location, and Mode of Death.
TETANUS—Nature of injury, if any.
ULCER—Nature, Chief Location, and Mode of Death.
WOUNDS—Cause, Variety, Seat, and Mode of Death.

Specify every Surgical Operation with fatal results.

In diseases marked thus * state if operation has been performed.

WM. C. WOODWARD, M. D.,
Health Officer.

Extracts from "An Act for the regulation of Cemeteries and the Disposal of Dead Bodies in the District of Columbia."

SECTION 6. That no dead body of any human being, or any part of such body, shall, in said District, be removed from place to place, interred, disinterred, or in any manner disposed of without a permit for such removal, interment, disinterment, or disposal granted by the health officer of said District, nor otherwise than in accordance with the terms of said permit; permits for the removal, interment, or disposal to be issued upon the presentation of a proper death certificate, signed by a physician, registered at the health department of said District, who has attended the deceased during his or her last illness, or by the coroner of said District or his deputy, or by the proper municipal, county, or State authorities at the place where the death occurred.

SECTION 8. That it shall be the duty of any person or persons having custody or control of the dead body of any human being, or any part of such body, to report in writing, or cause to be reported in writing, to the health officer of said District within forty-eight hours after the death of the deceased, the name of said deceased and the location of the body or part thereof.

SECTION 14. That it shall be unlawful for any person or persons to cremate or otherwise destroy the dead body, or part of the dead body, of any human being in said District before the issue of the burial permit by the health officer of said District, and then only when said permit is countersigned by the coroner of said District authorizing such cremation or destruction. It shall be unlawful for any person or persons to embalm, inject, or by any similar method preserve the dead body or part of the dead body of any human being in said District within four hours after death before the issue of the death certificate; and in case the death is believed to be due to other than natural causes, or the cause thereof is unknown, such embalming, injecting, or preserving shall at no time be done unless such death certificate has been signed or approved by the coroner of said District.

Approved January 25, 1898.

Attention of ... Respectfully Invited to the Remarks below, and to List of Dis... ... this ...

Health Department, City of Baltimore.

Permit No. A 5202 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Rebecca Young.

Full Name of Deceased, (Write legibly with ink and spell correctly. If an Infant not named, give names of parents.) July 2/99

Sex, Male or Female, (Cross out the words not required in this line.) Female

Age, 16 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the words not required in this line.) Single

Occupation, Had none. Deaf, dumb & blind.

Birthplace, (State or county, and how long in the United States, if of foreign birth.) Maryland.

Duration of Residence in the City of Baltimore, not less than a year.

Place of Death, (Give Street and Number.) Consumptive Hospital of Maryland. Mar Towson.

(I)

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Has been in hospital 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 3rd 1899

Undertaker, Stewart & Mowen

Place of Business, 215 Park

J. Milton Smithsonian M.D.,
Medical Attendant.

Address, 1918 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall b... the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintendin... Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (w... married or single) of the person deceased, and the cause and date of death. [ov...

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mation is Requested in Re.

Enumerated Below:

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH — Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.